2004 FOR PROFIT CORPORATION ANNUAL REPORT

Mailing Address

PO BOX 2704

3. Mailing Address

Suite, Apt. #, etc.

Paducah.

City & State

100 FOUNTAIN AVENUE, SUITE 300

PADUCAH, KY 42002-2704

P.O. Box 60

DOCUMENT # F9700006669

UNITED MOTOR CLUB OF AMERICA, INC.

Principal Place of Business

PADUCAH, KY 42002-2704

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Paducah,

SIGNATURE:

PO BOX 2704

100 FOUNTAIN AVENUE, SUITE 300

130 Arkansas St.

FILED May 06, 2004 8:00 am Secretary of State

05-06-2004 90191 042 ***150.00

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04/30/04 270-442-5533

Davtime Phone #

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04292004	Chg-P	CR2E034 (10/03)				
4. FEI Number 31-1523			plied For			

Country Zip Country \$8.75 Additional 5._Certificate of Status Desired 42003 42002 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KYLE, LOCK 4437 CHIPPEWA DRIVE Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE, FL 32210 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE Change Addition WEBSTER, RICHARD J NAME NAME STREET ADDRESS 100 FOUNTAIN AVENUE, SUITE 300 STREET ADDRESS 130 Arkansas Street CITY-ST-ZIP PADUCAH, KY 420022704 CITY-ST-ZIP Paducah, KY 42003 TITLE Delete TITLE **XX**Change Addition WEBSTER, GINGER L NAME NAME 100 FOUNTAIN AVENUE, SUITE 300 STREET ADDRESS STREET ADDRESS 130 Arkansas Street CITY-ST-ZIP PADUCAH, KY 420022704 CITY-ST-ZIP Paducah, KY 42003 Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment wijh any address, with all other like empowered.

Richard J. Webster, Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR