

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2002 8:00 am
Secretary of State

02-10-2002 90021 042 ***150.00

0025612 AT

DOCUMENT # F98000001466

1. Entity Name

STATE FARM VP MANAGEMENT CORP.

Principal Place of Business

THREE STATE FARM PLAZA

R-4

BLOOMINGTON IL 61710-0001

Mailing Address

THREE STATE FARM PLAZA

R-4

BLOOMINGTON IL 61710-0001



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Three State Farm Plaza

Suite, Apt. #, etc.

R-4

3. Mailing Address

Three State Farm Plaza

Suite, Apt. #, etc.

R-4

City & State

Bloomington, IL

City & State

Bloomington, IL

4. FEI Number

36-4122967

Applied For

Not Applicable

Zip

61791-0001

Country

US

Zip

61791-0001

Country

US

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
 NAME **RUST, EDWARD B JR.**
 STREET ADDRESS **ONE STATE FARM PLAZA**
 CITY-ST-ZIP **BLOOMINGTON IL 61710-0001**

TITLE **VTD** ☐ Delete
 NAME **JOSLIN, ROGER S**
 STREET ADDRESS **ONE STATE FARM PLAZA**
 CITY-ST-ZIP **BLOOMINGTON IL 61710-0001**

TITLE **DV** ☒ Delete
 NAME **TOMPKINS, ROGER B**
 STREET ADDRESS **ONE STATE FARM PLAZA**
 CITY-ST-ZIP **BLOOMINGTON IL 61710-0001**

TITLE **DV** ☐ Delete
 NAME **WRIGHT, CHARLES R**
 STREET ADDRESS **ONE STATE FARM PLAZA**
 CITY-ST-ZIP **BLOOMINGTON IL 61710-0001**

TITLE **AV** ☐ Delete
 NAME **MCPEEK, MAX E**
 STREET ADDRESS **ONE STATE FARM PLAZA**
 CITY-ST-ZIP **BLOOMINGTON IL 61710-0001**

TITLE **AV** ☐ Delete
 NAME **BOLT, RALPH O**
 STREET ADDRESS **ONE STATE FARM PLAZA**
 CITY-ST-ZIP **BLOOMINGTON IL 61710-0001**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Change ☒ Addition
 NAME **Mosery, Kurt G.**
 STREET ADDRESS **One State Farm Plaza**
 CITY-ST-ZIP **Bloomington, IL 61701**

TITLE **VD** ☐ Change ☒ Addition
 NAME **North, Jack**
 STREET ADDRESS **One State Farm Plaza**
 CITY-ST-ZIP **Bloomington, IL 61701**

TITLE **VS** ☐ Change ☒ Addition
 NAME **Grimes, David R.**
 STREET ADDRESS **Three State Farm Plaza, R-4**
 CITY-ST-ZIP **Bloomington, IL 61791**

TITLE **VD** ☐ Change ☒ Addition
 NAME **Waring, Susan D.**
 STREET ADDRESS **One State Farm Plaza**
 CITY-ST-ZIP **Bloomington, IL 61701**

TITLE **V** ☒ Change ☐ Addition
 NAME **McPeek, Max E.**
 STREET ADDRESS **One State Farm Plaza**
 CITY-ST-ZIP **Bloomington, IL 61701**

TITLE **V** ☒ Change ☐ Addition
 NAME **Bold, Ralph O.**
 STREET ADDRESS **One State Farm Plaza**
 CITY-ST-ZIP **Bloomington, IL 61701**

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

David Grizzle

1/7/02

(309) 766-2558

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Asst. Sec-Treasurer**

Date

Daytime Phone #

CR2E034 (9/01)

Attachment

OFFICERS AND DIRECTORS - Continued

Addition

Title V
Name Harbert, Rand
Street Address Three State Farm Plaza, R-4
City-State-Zip Bloomington, IL 61791

Change

Title V
Name Huff, Terry L.
Street Address One State Farm Plaza
City-State-Zip Bloomington, IL 61701

Addition

Title VTS
Name Tipsord, Michael L.
Street Address One State Farm Plaza
City-State-Zip Bloomington, IL 61701

Addition

Title S
Name Moore, David
Street Address One State Farm Plaza
City-State-Zip Bloomington, IL 61701

Addition

Title ST
Name Grizzle, David
Street Address Three State Farm Plaza - R4
City-State-Zip Bloomington, IL 61791

Addition

Title ST
Name Thomas, Howard A.
Street Address Three State Farm Plaza - R4
City-State-Zip Bloomington, IL 61791

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