

F98000003208

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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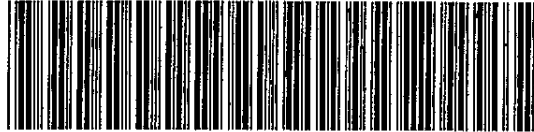
(Business Entity Name)

(Document Number)

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Travel Guard Group, Inc.  
(Name of corporation)

**DOCUMENT NUMBER:** F98000003208

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

James L. Koziol  
(Name of contact person)

Travel Guard Group, Inc.  
(Firm/Company)

1145 Clark Street  
(Address)

Stevens Point, WI 54481  
(City/state and zip code)

For further information concerning this matter, please call:

Barbara Kramar at ( 715 ) 345-1041 x 15950  
(Name of contact person) (Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 607.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Wisconsin in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Travel Guard Group, Inc.
2. The principal office address: 1145 Clark Street  
Stevens Point, WI 54481
3. The mailing address (if different): Same
4. Date of incorporation/qualification: 6-5-98 Document number: F98000003208

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Insurance Commissioner CHIEF FINANCIAL OFFICER  
P O Box 6200 (32314-6200)  
200 E. GAINES ST.  
TALLAHASSEE, FL 32399

6. The name and street address of the new registered agent (if changed) and/or registered office (if changed):

CT Corporation System  
1200 South Pine Island Road  
(P.O. Box or enclosed mailbox NOT acceptable)  
Plantation FL 33324

The street address of its registered office and the street address of the business office of its registered agent, if changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

John M. Noel  
(Signature of an officer or director)

John M. Noel  
(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

John M. Noel  
(Signature of Registered Agent)

5/16/04  
(Date)

If signing on behalf of an entity:

Beverlee Stuewe  
(Typed or Printed Name)

Beverlee Stuewe  
Assistant Secretary  
(Capacity)

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314