

-2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F98000005914**

1. Entity Name

ANNUITYNET INSURANCE AGENCY, INC.**FILED**
Feb 25, 2000 8:00 am
Secretary of State

02-25-2000 90008 037 ***150.00

Principal Place of Business

Mailing Address

**1300 SOUTH CLINTON STREET
FORT WAYNE IN 46802
US****108 G. SOUTH STREET
LEESBURG VA 20175-3732
US**

2. Principal Place of Business

3. Mailing Address

**108 G South St
Suite, Apt. #, etc.
Leesburg VA**

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

35-2058354

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	
PD	CHALKE, SHANE A	108-G SOUTH ST.	LEESBURG VA	<input type="checkbox"/> Delete
V	LEWIS, STEPHEN H	1300 S CLINTON ST.	FORT WAYNE IN	<input checked="" type="checkbox"/> Delete
S	WOMACK, C S	200 E BERRY ST	FORT WAYNE IN	<input checked="" type="checkbox"/> Delete
T	CHRZAN, JANET	200 E BERRY ST	FORT WAYNE IN	<input type="checkbox"/> Delete
D	HOLSTEIN, PHILIP L	120 MADISON ST.	SYRACUSE NY	<input checked="" type="checkbox"/> Delete
D	RYAN, KEITH J	1300 S. CLINTON ST.	FORT WAYNE IN	<input checked="" type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	
V	June W. Boynton	108-G South St	Leesburg VA 20175	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
S	Cynthia A. Rose	1300 So. Clinton St	Fort Wayne, IN 46802	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
D	Jon Boscia	1500 Market St Suite 2900	Philadelphia, PA 19102-2112	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
D	Richard C. Vaughn	1500 Market St Suite 2900	Philadelphia PA 19102-2112	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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 *June W. Boynton* June W. Boynton 02-14-00 203 443 2900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **X110**

CR2E034 (9/99)