2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment w

SIGNATURE:

FILED DOCUMENT # **F9900003136** Feb 24, 2000 8:00 am 1. Entity Name **Secretary of State** MOUNTAIN STATES INSURANCE SERVICES, INCORPORATED 02-24-2000 90021 001 ***150.00 Principal Place of Business Mailing Address 7202 EAST ROSEWOOD STREET. SUITE 200 7202 EAST ROSEWOOD STREET. SUITE 200 TUCSON AZ 85710 TUCSON AZ 85710-1353 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 86-0290675 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6.-Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code FL 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 DATE (NOTE. Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 \Box Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. SECTY, TREAS, DIRECTOR Change Change ☐ Addition TITLE TITLE ☐ Delete CHARLEG A. TOUCHE TOUCHE', CARLOS G NAME NAME 5521 E. EXETER BLUP. STREET ADDRESS STREET ADDRESS 6205 E. MIRAMAR CITY-ST-ZIP CITY-ST-ZIP PHOENIX AZ 85018 TUCSON AZ Addition DIRECTOR ☐ Change ☐ Delete TITLE TITLE. PATRICIA GREGO TOUCHE', CHARLES A NAME NAME 7202 E. ROSEWOOD STREET ADDRESS STREET ADDRESS 5521 E. EXETER BLVD. CITY-ST-ZIP TUCGON AZ 89710 CITY-ST-ZIP PHOENIX AZ DIRECTOR JAMES R. SPRING Addition Change Delete 1 TITLE TITLE . TOUCHE', STEVEN D NAME NAME 7202 E. ROSENOOD STREET ADDRESS STREET ADDRESS 6256 PASEO TIERRA ALTA CITY-ST-ZIP TUCGON, AZ 85710 **TUCSON AZ** CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE DHUEY, JOSEPH C NAME NAME STREET ADDRESS STREET ADDRESS 5635 E. PASEO CIMMARRON CITY-ST-ZIP CITY-ST-ZIP **TUCSON AZ** Addition ☐ Change Delete TITLE TITLE NAME EBERLY, LAURA S NAME STREET ADDRESS STREET ADDRESS 6478 E. SANTA AVRELIA CITY-ST-ZIP CITY-ST-ZIP TUCSON AZ ☐ Delete ☐ Change Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

atter like empowered

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

20 722-5