

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2000 8:00 am
Secretary of State

01-21-2000 90016 010 ***150.00

DOCUMENT # F99000005019
 1. Entity Name
COVERNA DIRECT INSURANCE AGENCY, INC.

Principal Place of Business 520 PARK AVENUE BALTIMORE MD 21201	Mailing Address 520 PARK AVENUE BALTIMORE MD 21201-4500
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State	3. Mailing Address Suite, Apt. #, etc. City & State
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4. FEI Number 42-1489645	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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Zip	Country	Zip	Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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

TITLE	D <input type="checkbox"/> Delete
NAME	BAIRD, PATRICK S
STREET ADDRESS	4333 EDGEWOOD RD. NE
CITY-ST-ZIP	CEDAR RAPIDS IA 52499
TITLE	D <input type="checkbox"/> Delete
NAME	VERMIE, CRAIG D
STREET ADDRESS	4333 EDGEWOOD RD. NE
CITY-ST-ZIP	CEDAR RAPIDS IA 52499
TITLE	P <input type="checkbox"/> Delete
NAME	SMITH, BRIAN
STREET ADDRESS	20 MOORES RD.
CITY-ST-ZIP	FRAZER PA 19355
TITLE	V <input type="checkbox"/> Delete
NAME	REKOSKI, DAVID G
STREET ADDRESS	520 PARK AVENUE
CITY-ST-ZIP	BALTIMORE MD 21201
TITLE	S <input type="checkbox"/> Delete
NAME	LATCHFORD, PAUL C
STREET ADDRESS	520 PARK AVENUE
CITY-ST-ZIP	BALTIMORE MD 21201
TITLE	T <input type="checkbox"/> Delete
NAME	MCCONNELL, MARTHA A
STREET ADDRESS	520 PARK AVENUE
CITY-ST-ZIP	BALTIMORE MD 21201

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Paul C. Latchford SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # _____

CR2E034 (9/99)