

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G15998

1. Entity Name

MERIDIAN ABSTRACT COMPANY

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90085 002 ***150.00

Principal Place of Business
171 N CLARK ST
ML 06CT
CHICAGO IL 60601-3294
US

Mailing Address
171 N CLARK ST
ML 06CT
CHICAGO IL 60601-3203
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Normant Corp

3. Mailing Address
3916 State Street
Suite, Apt. #, etc.
300

City & State
Santa Barbara CA

Zip
93105

Country
US

4. FEI Number **95-3814126**

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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, 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	VP	<input type="checkbox"/> Delete
NAME	ADAMS, THOMAS J	
STREET ADDRESS	171 N CLARK ST	
CITY-ST-ZIP	CHICAGO IL 60601	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GREENE, WILLIAM L	
STREET ADDRESS	171 N CLARK ST	
CITY-ST-ZIP	CHICAGO IL 60601	
TITLE	T	<input type="checkbox"/> Delete
NAME	SISK, A. LARRY	
STREET ADDRESS	171 N CLARK ST	
CITY-ST-ZIP	CHICAGO IL 60601	
TITLE	S	<input type="checkbox"/> Delete
NAME	FERRARO, KENNETH C	
STREET ADDRESS	171 N CLARK ST	
CITY-ST-ZIP	CHICAGO IL 60601	
TITLE	AS	<input type="checkbox"/> Delete
NAME	VAN ROEYEN, EILEEN W	
STREET ADDRESS	171 N. CLARK STREET	
CITY-ST-ZIP	CHICAGO IL 60601	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Robert W. Blouet* **4/26/00**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)