

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

05-13-2002 90073 049 ***150.00
G52194

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 OCT 23 AM 8:01

DOCUMENT # **G52194**

1. Entity Name

PEMBRIDGE AMERICA INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

780 CARILLON PKWY

Suite, Apt. #, etc.

SUITE 400

City & State

ST. PETERSBURG, FL

Zip **33716**

Country **US**

3. Mailing Address

3075 SANDERS RD

Suite, Apt. #, etc.

H/A

City & State

NORTHBROOK, IL

Zip **60062**

Country **US**

DO NOT WRITE IN THIS SPACE

4. FEI Number

39-2435432

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)

1200 South Pine Island Rd

City

Plantation

FL

33324

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 resigning)

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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	CEO/P/D
NAME	TURRENCE KELAHER
STREET ADDRESS	51 W. HIGGINS RD
CITY-ST-ZIP	SOUTH BARRINGTON, IL 60010
TITLE	VP
NAME	SAMUEL H. PILCH
STREET ADDRESS	3075 SANDERS ROAD
CITY-ST-ZIP	NORTHBROOK, IL 60062
TITLE	T/D
NAME	JAMES P. ZILS
STREET ADDRESS	3075 SANDERS ROAD
CITY-ST-ZIP	NORTHBROOK, IL 60062
TITLE	V
NAME	KAREN C. CARDNER
STREET ADDRESS	3075 SANDERS ROAD
CITY-ST-ZIP	NORTHBROOK, IL 60062
TITLE	S
NAME	SUSAN L. LEES
STREET ADDRESS	2775 SANDERS ROAD
CITY-ST-ZIP	NORTHBROOK, IL 60062
TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Samuel H. Pilch**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**SAMUEL H. PILCH
VP AND CONTROLLER**

4/18/02

Date

(847) 402-5000

Daytime Phone #

CR2E034B (12/01)

**Allstate.**
You're in good hands.

Allstate Insurance Company
Corporate Accounting
3075 Sanders Road, Suite H1A
Northbrook, Illinois 60062-7127

Date: 10/23/02	
To - Name: Andy Dunlop	
Company: FLORIDA Division of Corporations	
Fax Number: 850-245-6017	Phone Number: 850-245-6059
Total Number of Pages Including Cover Page:	
Additional Information/Comments: Andy, Per our phone conversation on 10/23/02, attached you will find the update USB that was sent on 6/14/02 and subsequent Airborne receipt. Please let me know if you need anything else. Thanks Doug	
From: Doug Christensen	Phone Number: 847-402-7897
Fax Number: (847) 402-0508	
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