

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAR 31 PM 1:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ny 4/1/00

DO NOT WRITE IN THIS SPACE

DOCUMENT # M99000002079

1. Entity Name

GUARDIAN CLAIMS SERVICE, LLC

Principal Place of Business

Mailing Address

2. Principal Place of Business

425 E. Colorado St.

Suite, Apt. #, etc.

Suite 500

City & State

Glendale, CA 91205

Zip

Country

3. Mailing Address

P.O. Box 26004

Suite, Apt. #, etc.

City & State

Glendale, CA 91222-6004

Zip

Country

4. FEI Number

95-4689512

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

Ralph Adams

5420 Bay Center Drive, Suite 203

Tampa, FL 33609

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE NAME ☐ Delete
David G. Morse -MGRM
STREET ADDRESS 425 E. Colorado St., Suite 500
CITY-ST-ZIP Glendale, CA 91205

TITLE NAME ☐ Delete
Thomas J. Reitze -MGRM
STREET ADDRESS 425 E. Colorado St., Suite 500
CITY-ST-ZIP Glendale, CA 91205

TITLE NAME ☐ Delete
Charles N. Ohl -MGRM
STREET ADDRESS 425 E. Colorado St., Suite 500
CITY-ST-ZIP Glendale, CA 91205

TITLE NAME ☐ Delete
Manager Richard Acunto -MGRM
STREET ADDRESS 6320 Sunset Blvd., 2nd Floor
CITY-ST-ZIP Hollywood, CA 90028

TITLE NAME ☐ Delete
Manager Susan McFarlane - MGRM
STREET ADDRESS 6320 Sunset Blvd., 2nd Floor
CITY-ST-ZIP Hollywood, CA 90028

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
300003208163-7
-04/13/00-01122-002
*****50.00 *****50.00
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Charles N. Ohl

2/24/00

818-550-6800

Date

Daytime Phone #

CR2E083 (11/99)