818-550-6800

Daytime Phone #

## 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M9900002079  1. Entity Name GUARDIAN CLAIMS SERVICE, LLC					FILED SECRETARY OF STATE DIVISION OF CORPORATIONS  OI MAR 26 PM 3: 06			
	ce of Business DRADO \$T., STE, 500 CA 91205	Mailing Address P.O. BOX 26004 GLENDALE CA 91222-6004						
2. Principal I	Place of Business	3. Mailing Address						
Suite, Apt	. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State C		City & State	City & State		Number <b>95-46895</b> 1	2	<del></del>	oplied For ot Applicable
Zip	Country	Zip	Country	<b>5.</b> Ce	rtificate of Status Desired		5.00 Add	ditional
	6. Name and Address of Current R	egistered Agent		7. Na	me and Address of New		<u> </u>	
			Name				-	
adams, 1 5420 Bay Tampa F	CENTER DRIVE, SUITE 203		Street	Address (P.O. Box	(P.O. Box Number is Not Acceptable)			
TAMEAT	£ 33373		City		<del></del>	FL	Zip Code	9
	Signature, typed or printed name of registered agent and		DW!!! FEE IS:	\$50.00	ating)	DATE		
9.	MANAGING MEMBER	S/MEMBERS	10.		ADDITIONS	CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MORSE, DAVID G 425 E. COLORADO ST., STE. 500 GLENDALE CA 91205	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Change 460· 1077 *****	UZ5
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM REITZE, THOMAS J 425 E. COLORADO ST., STE. 500 GLENDALE CA 91205	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		·		Change	☐ Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	MGRM OHL, CHARLES N 425 E. COLORADO ST., STE. 500 GLENDALE CA 91205	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		:	. (	Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ACUNTO, RICHARD 6320 SUNSET BLVD, 2ND FLOOR HOLLYWOOD CA 90028	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600 No. Glendal	Richard Brand, 2nd e, CA 91203	•	X Change	☐ Addition
TITLE NAME  STREET ADDRESS CITY-ST. ZIP	MGRM MCFARLANE, SUSAN 6320 SUNSET BLVD, 2ND FLOOR HOLLYWOOD CA 90028	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600 No.	ne, Susan Brand, 2nd e, CA 91203		X Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			[	Change	☐ Addition
indicated	certify that the information supplied with the on this report is true and accurate and the bility company or the receiver or trustee e	at my signature shall have th	he same legal effe	ct as if made und	er oath; that I am a mana	I further certify ging member o	y that the in or manager	formation of the