

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2002 8:00 am
Secretary of State

04-04-2002 90086 024 ****50.00

DOCUMENT # M99000002079

1. Entity Name

GUARDIAN CLAIMS SERVICE, LLC

Principal Place of Business

**425 E. COLORADO ST., STE. 500
 GLENDALE CA 91205**

Mailing Address

**P.O. BOX 26004
 GLENDALE CA 91222-6004**

2. Principal Place of Business

2705 Media Center Drive

3. Mailing Address

Same

Suite, Apt. #, etc.
Building 2

Suite, Apt. #, etc.

City & State
Los Angeles, CA

City & State

4. FEI Number

95-4689512

Applied For

Not Applicable

Zip
90065

Country
USA

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**ADAMS, RALPH
 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
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MORSE, DAVID G 425 E. COLORADO ST., STE. 500 GLENDALE CA 91205	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM REITZE, THOMAS J 425 E. COLORADO ST., STE. 500 GLENDALE CA 91205	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM OHL, CHARLES N 425 E. COLORADO ST., STE. 500 GLENDALE CA 91205	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ACUNTO, RICHARD 6320 SUNSET BLVD, 2ND FLOOR HOLLYWOOD CA 90028	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCFARLANE, SUSAN 6320 SUNSET BLVD, 2ND FLOOR HOLLYWOOD CA 90028	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Morse, David 2705 Media Center Drive Los Angeles, CA 90065	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Reitze, Thomas J. 2705 Media Center Drive Los Angeles, CA 90065	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Ohl, Charles N. 2705 Media Center Drive Los Angeles, CA 90065	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Charles N. Ohl
Charles N. Ohl

3-27-02 323-342-6800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)