

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 PM 1:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P04657**

(3)

1. Corporation Name

U.S. AUTO GLASS CENTERS, INC.

Principal Place of Business

**2 N. LASALLE ST.
SUITE 2500
CHICAGO IL 60602
US**

Mailing Address

**2 N. LASALLE ST.
SUITE 2500
CHICAGO IL 60602
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/15/1985

3a. Date of Last Report

06/07/1994

4. FEI Number

36-2828900

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contributions

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for interlocking fee under 5-1109.032
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

State: Apt. # etc.

22

2a. Mailing Address

27

City & State

23

City & State

28

Zip

24

Country

25

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81. Name

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

83

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Chapter 605, Florida Statutes, this duly organized corporation submits this statement for the purpose of changing its registered office or registered agent for both in this State of Florida, say it has been authorized by the corporation's Board of Directors to hereby accept the appointment as registered agent. I am familiar with and accept the applicable provisions of Chapter 605, Florida Statutes.

SIGNATURE

12.

OFFICERS AND DIRECTORS

NAME

STREET ADDRESS

CITY, STATE

ZIP

NAME

STREET ADDRESS

CITY, STATE

ZIP

NAME

STREET ADDRESS

CITY, STATE

ZIP

NAME

STREET ADDRESS

CITY, STATE

ZIP

NAME

STREET ADDRESS

CITY, STATE

ZIP

NAME

STREET ADDRESS

CITY, STATE

ZIP

NAME

STREET ADDRESS

CITY, STATE

ZIP

13.

ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

NAME

STREET ADDRESS

CITY, STATE

ZIP

NAME

STREET ADDRESS

CITY, STATE

ZIP

NAME

STREET ADDRESS

CITY, STATE

ZIP

NAME

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CITY, STATE

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CITY, STATE

ZIP

NAME

STREET ADDRESS

CITY, STATE

ZIP

NAME

STREET ADDRESS

CITY, STATE

ZIP

**TREASURER
RAYMOND JANSON
2 N LASALLE ST., STE 2500
CHICAGO, IL 60602**

☐ Change ☒ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 5-1109.032, Florida Statutes. I further certify that the information is stated on the correct report or supplemental annual report on, true and correct 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 incorporator thereof, as evidenced by a copy of the corporate records requested by Chapter 605, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or on an after formed with an address.

SIGNATURE:

Raymond E. Janson

RAYMOND E. JANSON

4/28/95 (312) 578-7235

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR