

## 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 01, 2002 8:00 am**  
**Secretary of State**

04-01-2002 90158 013 \*\*\*150.00

04/01/2002 AV

DOCUMENT # P06114

1. Entity Name

**INVEST FINANCIAL CORPORATION INSURANCE AGENCY IN  
C. OF MARYLAND**

Principal Place of Business

2701 N. ROCKY POINT DR.  
7TH FLOOR  
TAMPA FL 33607  
US

Mailing Address

2701 N. ROCKY POINT DR.  
7TH FLOOR  
TAMPA FL 33607  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

52-1371150

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD.  
PLANTATION FL 33324**

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

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO BLAGJEVICH, ROBERT 2701 N ROCKY POINT DR, 7TH FLOOR TAMPA FL 33607	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BLAGJEVICH, ROBERT 2701 N ROCKY POINT DR, 7TH FLOOR TAMPA FL 33607	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WARD, GARY L 2701 N ROCKY POINT DR, 7TH FLOOR TAMPA FL 33607	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ACT TWODOWSKI, DALE 2701 N ROCKY POINT DR 7TH FLOOR TAMPA FL 33607	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS BURGESS, RUTH A 2701 N ROCKY POINT DR 7TH FLOOR TAMPA FL 33607	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO Lynn R. Neidermeier 2701 N. Rocky Pt. Dr., 7th FL Tampa, FL 33607	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Lynn R. Neidermeier 2701 N. Rocky Pt. Dr. 7th FL Tampa, FL 33607	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer David Collett 2701 N. Rocky Pt. Dr., 7th FL Tampa, FL 33607	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TWARDOWSKI, DALE	<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

13. 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 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Dale Twardowski* Asst. Treasurer  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/02

Date

Daytime Phone #

CR2E034 (9/01)

Attachment

DOC# POW114

754187

**Invest Financial Corporation Insurance Agency, Inc. of Maryland**

**Unanimous Written Consent in Lieu of Meeting  
Of the Board of Directors**

The undersigned, being all the members of the Board of Directors of **Invest Financial Corporation Insurance Agency, Inc., Of Maryland**, a Maryland corporation (the "Corporation"), pursuant to the Business Corporation Act and By-laws of the Corporation, hereby consent and agree that the following actions be taken, and that the same shall be and are, in all respects, valid Board actions as though they had been authorized at a meeting of the Board of Directors of the Corporation held November 9, 2001:

**Resolved:** that the following person be and hereby are elected to serve in the office(s) of the Corporation set opposite each such person's name, to hold such offices until their successor(s) are Duly elected and qualified or until their earlier resignation or removal:

Lynn R. Neidermeier	Chief Executive Officer and President
David Collett	Treasurer
Dale Twardowski	Assistant Controller & Assistant Treasurer
James L. Simon	Secretary
Ruth A. Burgess	Assistant Secretary
Brian Culloty	Assistant Vice President

**Further Resolved:** that the President's actions in appointing each such officer are hereby ratified and approved.

**IN WITNESS WHEREOF**, the undersigned being all the members of the Board of Directors of **Invest Financial Corporation Insurance Agency, Inc. of Maryland**, as aforesaid, have executed this written consent as of the 9<sup>th</sup> day of November 2001.