FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90251 016 ***150.00

| DOCL | JMENT | # P | 11. | 102 |
|------|--------------|-----|-----|-----|
| | | " _ | | 132 |

1. Corporation Name

SIGNATURE'S NATIONWIDE AUTO CLUB, INC.

| | | | | | | | 411 B3841 | | (814 B1841 1881 |
|---|---|--|--------------------------------|------------|---|--|-----------------|----------------|-------------------|
| Principal Place of Business Mailing Address | | | | | | | | | |
| % DAN BLINDAUER % DAN BLINDAUER | | | | | | | | | |
| | | | 200 N.MARTINGALE RD. | | | DO NOT WRITE IN THIS | SPAC | E | |
| SCHAUMBURG | IL 60173-9096 | SCHAUMBURG IL 60173-9 | 70,30 | | | 3. Date Incorporated or Qualifed | | | |
| | | | | | | 08/21/1986 | | | |
| 3 Deieneinel D | leas of Rusinana | 2a. Mailing Address | | | | 4. FEI Number | \neg | Δn | plied For |
| ⊢ | lace of Business | — ĭ | | | | 36-3289721 | - | | t Applicable |
| 21 | # | 26 Suite Ant # etc | | | | 30-3209721 | ŧΩ | | Additional |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | | 5. Certificate of Status Desired | • | | equired |
| 22 27 | | | | | | | | | |
| City & State City & State City & State | | | | | | 6. Election Campaign Financing | | | May Be to Fees |
| 23 28 28 | | Caust | Country | | Trust Fund Contribution | | | O Fees | |
| Zip | Country | | Zip Country | | 8. This corporation owes the current year Intangible Personal Property Tax. | | | | |
| 24 | 25 | 29 | 30 | | | Personal Property Tax. 10. Name and Address of New Registered | | | |
| | 9. Name and Address of Curre | nt Registered Agent | 9 | 1 | Name | 10. Name and Address of New Registered | -you | | |
| THE | PRENTICE-HALL CORPORATION | N SYSTEM INC | " | " | Name | | | | |
| | HAYS STREET | i oloitmi nio. | 8 | 2 | Street Ar | ddress (P.O. Box Number is Not Acceptable) | | | |
| | | | L | \perp | | | | | |
| 1 | E 105 | | 8 | 3 | i | | | | |
| IALL | AHASSEE FL 32301 | | l _a | 4 | City | | 85 | Zip (| Code |
| | | | | ٦ | ony. | FL | | | |
| 11. Pursuant | to the provisions of Sections 607.05 | 02 and 607.1508, Florida State | utes, the abo | ve | -named co | orporation submits this statement for the purpose of | chang | ing its | registered |
| office or r | egistered agent, or both, in the State m familiar with, and accept the oblig | ations of Section 607 0505. F | authorized b Iorida Statute | yyt es. | the corpora | ation's board of directors. I hereby accept the appoin | ıtment | as reg | gistered |
| · - | m lamiliar with, and dodopt the obligi | 3.00.000.000.000.0000.0000.0000.00000.0000 | | | | | | | |
| SIGNATURE | Signature, typed or printed name of registered ag | ent and title if applicable. (NO | TE: Registered Ag | ent | t signature req | purred when reinstating) DATE | | | |
| 12. | OFFICERS A | ND DIRECTORS | 13. | | | ADDITIONS/CHANGES TO OFFICERS AN | D DIR | ECTO | RS IN 12 |
| MILE | EVP | 🔀 DELETE | 1.1 TITLE | | | | CH | nange | ☐ Addition |
| NAME | PORTELLI, ALAN F | | 1.2 NAM | E | | | | | |
| STREET ADDRESS | 200 N MATINGGALE ROAD | | 1.3 STRE | ET. | ADDRESS | | | | |
| CITY+ST-ZIP | SCHAUMBURG IL | | 1.4 CITY | ST | (-ZIP | | | | |
| TITLE | PD | ⊠ DELETE | 2.1 TITLE | | | 2E0 | [X] Cl | nange | Addition |
| NAME | GALLAGHER, RICHARD C | | 2.2 NAM | E | - 1 | LINEN, WORTHINGTON W. | | | |
| STREET ADDRESS | 200 N. MARTINGALE ROAD | | | _ | ADDRESS | 200 N. MARTINGALE ROMD | | | |
| i | SCHAUMBURG IL | | | | | SCHAUMBURG, IL | | | |
| | | | 2. 4 CITY-ST-ZIP SC | | Jennomooke, 4 C | -□c | hange - | - = - Addition | |
| -TMLE | EUWEMA, JOHN B | · · OCTO | 3.2 NAM | | | - · · · · · · · · · · · · · · · · · · · | | • | _ |
| NAME | 200 N. MARTINGALE RD | | | | | | | | |
| STREET ADDRESS | | | | | ADDRESS | | | | |
| CITY-ST-ZIP | SCHAUMBURG IL | TX DELETE | 3.4. CITY | | | .00 | (XCI | nanne | ☐ Addition |
| TITLE | VPC | (X) DEFEIG | 4.1 1111.5 | | ען | VPC | (200 | larigo | |
| NAME | VOLLMAN, SANDRA K | | 4 2 NAM | _ | ' | OVER, JANICE M. 200 N. MARTINGALE ROAD | | | ' |
| STREET ADDRESS | 200 N MARTINGALE ROAD | | 4.3 STRE | EET. | | | | | |
| CITY-ST-ZIP | SCHAUMBURG IL | | 4.4 CITY | | ZIP | SCHAUMBURG, IL | | | |
| TITLE | Τ | ☐ DELETE | 5.1 TITLE | | | | | hange | ☐ Addition |
| NAME | Casey, Patrick J | | 5.2 NAM | E | | | | | |
| STREET ADDRESS | 200 N. MARTINGALE RD | | 5.3 STRE | ET. | ADDRESS | | | | |
| CITY-ST-ZIP | SCHAUMBURG IL | | 5.4 CITY | -ST | ZIP | | | | |
| TITLE | AS | ☐ DELETE | 6.1 TITLE | = _ | | | | hange | ☐ Addition |
| NAME | MOYER, LYMAN C | | 6.2 NAM | E | | | | | |
| STREET ADDRESS | 200 N. MARTINGALE RD | | 6.3 STR | ET. | ADDRESS | | | | |

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

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SCHAUMBURG IL

NUMBERED TREINSTAND OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-99

Daytime Phone #

CR2E034 (11/98)

= 12.0 = 13.0 = 13.0