

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P13559**1. Entity Name
AMERICAN DEPOSIT INSURANCE COMPANY**FILED****May 02, 2001 8:00 am**
Secretary of State

05-02-2001 90184 008 ***150.00

Principal Place of Business

**1300 PARKWOOD CIRCLE
P.O. BOX 105091
ATLANTA GA 30348**

Mailing Address

**1300 PARKWOOD CIRCLE--
P.O. BOX 105091
ATLANTA GA 30348**

2. Principal Place of Business

11700 Great Oaks Way

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State
Alpharetta, GA 30022

City & State

Zip

Country

USA

Zip

Country

4. FEI Number **73-0772113**Applied For
Not Applicable5. 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

**INSURANCE COMMISSIONER
THE CAPITOL BUILDING
TALLAHASSEE FL 32301**

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, 2001 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
C	KRAUSE, MICHAEL, D	1300 PARKWOOD CIRCLE	ATLANTA GA	<input type="checkbox"/>
VSD	NEFF, THOMAS S	1300 PARKWOOD CIR.	ATLANTA GA	<input type="checkbox"/>
AVT	BROOKS, J THOMAS	1300 PARKWOOD CIRCLE	ATLANTA GA	<input type="checkbox"/>
CEOP	STEVENS, EDWARD B	1300 PARKWOOD CIRCLE	ATLANTA GA	<input type="checkbox"/>
V	WASHBURNE, MAURICE F.	1300 PARKWOOD CIRCLE	ATLANTA GA	<input type="checkbox"/>
V	HAYES, GEORGE H.	1300 PARKWOOD CIRCLE	ATLANTA GA	<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		11700 Great Oaks Way	Alpharetta, GA 30022	<input checked="" type="checkbox"/>
		"	"	<input checked="" type="checkbox"/>
		"	"	<input checked="" type="checkbox"/>
		"	"	<input checked="" type="checkbox"/>
		"	"	<input checked="" type="checkbox"/>
		"	"	<input checked="" type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)