05-06-2002 90142 046 ***150 00

DO NOT WRITE IN THIS SPACE

2002 UNIFORM BUSINESS REPORT (UBR)

P13745

DOCUMENT #

BASIC AMERICAN, INC.

Principal Place of Business

2999 OAK ROAD SUITE 400

1. Entity Name

WALNUT CREEK CA 94596-2016

Mailing Address

2999 OAK ROAD

SUITE 400

WALNUT CREEK CA 94596-2016

US

2. Principal Place of Business 3. Mailing Address 2999 OAK ROAD 2999 OAK ROAD

Suite, Apt. #, etc. Suite, Apt. #, etc SUITE 400

6.=Name and Address of Current Registered Agent

WALNUT CREEK. CA

City & State WALNUT CREEK, CA Zip

4. FEI Number

94-1318402 5. Certificate of Status Desired

\$8.75 Additional П Fee Required

7. Name and Address of New Registered Agent

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

Name

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

City

Zip Code FL

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

(See criteria on back)

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

Signature, typed or printed name of registered agent and title if applicable.

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

Make Check Payable to Department of State

(NOTE: Registered Agent signature required when reinstating)

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Applied For

Not Applicable

11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PCD TITLE ☐ Delete CR2E034 (9/01 Change ☐ Addition HUME, GEORGE H. NAME NAME STREET ADDRESS 235 LOCUST STREET STREET ADDRESS CITY-ST-ZIP SAN FRANCISCO CA CITY-ST-ZIP TITLE CD Delete TITLE ☐ Change ☐ Addition NAME HUME, WILLIAM J. NAME STREET ADDRESS STREET ADDRESS 3640 WASHINGTON STREET CITY-ST-ZIP SAN FRANCISCO CA CITY-ST-ZIP TITLE Ă Delete TITLE ☐ Change Addition AT NAME CLARK, NANCY K NAME STREET ADDRESS 695 W B ST STREET ADDRESS CITY-ST-ZIP **DIXON CA 95620** CITY-ST-ZIP TITLE ☐ Delete TITLE AS Change ☐ Addition NAME STAV, CHRISTINE M NAME STREET ADDRESS STREET ADDRESS 560 POWELL STREET CITY-ST-ZIP CITY-ST-ZIP SAN FRANCISCO CA 94108 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME BARNECUT, JOHN C NAME STREET ADDRESS STREET ADDRESS 40 ERICA CT CITY-ST-ZIP CITY-ST-ZIP NOVATO CA TITLE ☐ Delete TITLE Change

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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

BEQUIPBEDIAN DULKIE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR

☐ Addition