

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P18412**1. Entity Name  
**SYLVAN AGENCY, INC.****FILED**  
**Apr 16, 2001 8:00 am**  
**Secretary of State**

04-16-2001 90038 010 \*\*\*150.00

Principal Place of Business

Mailing Address

**9111 BROADWAY  
SUITE F  
MERRILLVILLE IN 46411  
US****P.O. BOX 179  
NIAGARA SQUARE STATION  
BUFFALO NY 14201  
US****00036941**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number **95-4135179**

Applied For

Not Applicable

Zip

Country

Zip

Country

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 COROPORATION SYS  
1200 S 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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD VALQUETTE, WILLIAM J 6640 LUSK BLVD, #A-202 SAN DIEGO CA 92121</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V WOOD, STUART C 5731 PALMER WAY, #D CARLSBA CA 92008</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD MCDONALD, J STEPHENB 6640 LUSK BLVD, #A-202 SAN DIEGO CA 92121</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS LEKARCZYK, DAVID A 9111 BROADWAY, SUITE F MERRILLVILLE IN 46411</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS VALENTINE, JAMES B 9111 BROADWAY, #F MERRILLVILLE IN 46411</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S HENSEL, RALF 6640 LUSK BLVD, #A-202 SAN DIEGO CA 92121</b>	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President / Director Hugh A.W. Simpson 6640 Lusk Blvd, #A-202 San Diego, CA 92121</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President John P. Rolendelli 6640 Lusk Blvd, #A-202 San Diego, CA 92121</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary &amp; COO Stephanie Malkewicz 6640 Lusk Blvd, #A-202 San Diego, CA 92121</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Assistant Secretary Shelley L. Casey 6640 Lusk Blvd, #A-202 San Diego, CA 92121</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director William J. Valiquette 6640 Lusk Blvd, #A-202 San Diego, CA 92121</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director Glenn S. Hymers 6640 Lusk Blvd, #A-202 San Diego, CA 92121</b>	<input type="checkbox"/> Change <input checked="" 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: **Shelley L. Casey**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR.

April 10, 2001

Date

416 429-3000

Daytime Phone #

CR2E034 (10/00)