

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 10, 2003 8:00 am**  
**Secretary of State**

02-10-2003 90399 017 \*\*\*150.00

**DOCUMENT # P18412**

1. Entity Name  
**SYLVAN AGENCY, INC.**



Principal Place of Business  
**1000 E. 80TH PLACE**  
**514- S**  
**MERRILLVILLE IN 46410**  
**US**

Mailing Address  
**P.O. BOX 179**  
**NIAGARA SQUARE STATION**  
**BUFFALO NY 14201**  
**US**

2. Principal Place of Business  
**8888 Keystone Crossing**

3. Mailing Address

Suite, Apt. #, etc.  
**Suite 720**

Suite, Apt. #, etc.

City & State  
**Indianapolis, Indiana**

City & State

Zip  
**46240**

Country  
**US**

Zip

Country

4. FEI Number **95-4135179**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☒ CHECK HERE IF MAKING CHANGES

## 6. Name and Address of Current Registered Agent

**CT COROPORATION SYS**  
**1200 S PINE ISLAND RD**  
**PLANTATION FL 33324**

## 7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>SIMPSON, HUGH A</b> <b>6640 LUSK BLVD. #A-202</b> <b>SAN DIEGO CA 92121</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>ROLENDELLI, JOHN P</b> <b>6640 LUSK BLVD. #A-202</b> <b>SAN DIEGO CA 92121</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS</b> <b>CASEY, SHELLEY</b> <b>6640 LUSK BLVD. A-202</b> <b>SAN DIEGO CA 92121</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS</b> <b>LEKARCZYK, DAVID A</b> <b>9111 BROADWAY, SUITE F</b> <b>MERRILLVILLE IN 46411</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS</b> <b>VALENTINE, JAMES B</b> <b>9111 BROADWAY, #F</b> <b>MERRILLVILLE IN 46411</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HYMERS, GLENN S</b> <b>6640 LUSK BLVD. #A-202</b> <b>SAN DIEGO CA 92121</b>	<input type="checkbox"/> Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary &amp; COO</b> <b>Stephanie Akerstrom</b> <b>6640 Lusk Blvd, #A-202</b> <b>San Diego, CA 92121</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treasurer</b> <b>J. Stephen McDonald</b> <b>6640 Lusk Blvd, #A-202</b> <b>San Diego, CA 92121</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <b>William J. Valiquette</b> <b>6640 Lusk Blvd, #A-202</b> <b>San Diego, CA 92121</b>	<input type="checkbox"/> Change <input checked="" 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Shelley L. Casey** **2/5/03**

Date

**416 429-3000**

Daytime Phone #

CR2E034 (10/02)

*Attachment*  
Sylvan Agency, Inc.

*# P18412*  
6640 Lusk Boulevard, Suite A202, San Diego, CA 92121  
P.O. Box 179 Buffalo, New York, 14201-0179  
Telephone: (416) 429-3000

**LAW DEPARTMENT**  
Vanessa Shillingford  
Corporate Paralegal  
Ext. 4592  
E-mail: vshillingford@foresters.biz  
Direct Fax: (416) 429-0089

*80025934*

VIA COURIER

February 5, 2003

State of Florida  
Division of Corporations  
409 East Gaines Street  
Tallahassee, Florida  
32399

Attention: Annual Report Filings

Dear Sir or Madam:

Re: Sylvan Agency, Inc.  
Document #P18412

Please find attached the following:

1. 2003 Uniform Business Report (UBR)
2. Check #0014851, in the amount of \$150.00, representing your fee.

I trust the above is in order. Should you require any additional information please do not hesitate to contact me at 416 429-3000 ext. 4592.

Regards,



Vanessa Shillingford  
Corporate Paralegal  
/vs

Encl.