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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **P18635**

1. Corporation Name

Principal Place of Business ODDO PEVETONE VINC

STOP LOSS INTERNATIONAL CORPORATION

#800		SUITE 300			DO NOT WRITE IN THIS SPACE		
INDIANAPOLIS IN 46240-2146		MINNEAPOLIS MN 55416					
US		US			3. Date Incorporated or Qualifed 03/30/1988		
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	Applied For	
21		26			35-1568171	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	3.75 Additional	
22		27			Fee Required		
City & State		City & State	¬ '			5.00 May Be	
23		28			Trust Fund Contribution Added to Fees		
Zip	Country	Zip Country			8. This corporation owes the current year Intangible Personal Property Tax [] Yes No		
			30	Personal Property Tax. Li Yes Aino 10. Name and Address of New Registered Agent			
Name and Address of Current Registered Agent				81 Name			
OT CORROBATION EVETEN			8	61 Name			
CT CORPORATION SYSTEM			82	82 Street Address (P.O. Box Number is Not Acceptable)			
1200 S PINE ISLAND RD							
PLANTATION FL 33324			83	3	·		
			84	City	FL 85	Zip Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above				re-named	corporation submits this statement for the purpose of change	ging its registered	
office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.							
agent. I ar	m tamiliar with, and accept the obligation	ons or, Section 607.0005, Fig	JING STORE	3.			
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTE	- Registered Age	ent signature	required when reinstating) DATE		
			13.	on algriculars	ADDITIONS/CHANGES TO OFFICERS AND DI	RECTORS IN 12	
mre T	PD CITIOERO ALLE	DELETE	1.1 TITLE			Change	
	JOSEPH J MCERLANE	_	1.2 NAME		-		
* * * * * * * * * * * * * * * * * * *							
STREET ADDRESS 5402 PARKDALE DRIVE, SUITE 300		,	1.3 STREET ADDRESS			116	
CITY-ST-ZIP	MINNEAPOLIS MN	<u> </u>	1.4 CITY-			416 Change ☐ Addition	
TITLE	VP	☐ DELETE	2.1 TITLE 2.2 NAME		. E,	Mange	
NAME	MCELROY, ARVINE W JR				00 North Control Evancery Suite 700		
STREET ADDRESS 8900 KEYSTONE CROSSING, SUITE 800			2.3 STRE	ET ADDRESS	100 North Central Expressway, Suite 700		
CITY-ST-ZIP	INDIANAPOLIS IN		2.4 CITY-	ST-ZIP .	Richardson, TX75080		
TITLE	SVP	☐ DELETE	3.1 TTLE		XJ(Change	
NAME	JAMES T HARTY		3.2 NAME				
STREET ADDRESS	8900 KEYSTONE CROSSING, S	UITE 800	3.3 STRE	ET ADORESS			
CITY-ST-ZIP	INDINAPOLIS IN		3.4, CITY-	ST-ZIP	46	240	
TITLE	VPTS	DELETE	4.1 TITLE		(文)	Change	
NAME	MARK L HELVICK		4. 2 NAM	Ē.			
STREET ADDRESS	5402 PARKDALE DR STE 300			ET ADDRESS			
l i	MINNEAPOLIS MN		4.4 CITY-			416	
CITY-ST-ZIP TITLE	SVP	☐ DELETE	5.1 TITLE		, <u>†</u>	Change	
1	GEORGE M PETERSON	المارين المارين	5.2 NAME		<u> </u>		
NAME				ET ADORESS			
STREET ADDRESS	5402 PARKDALE DR SUITE 300		5.4 CITY-		\ \	416	
CITY-ST-ZIP	MINNEAPOLIS MN	VI acres	6.1 TITLE			Change X Addition	
TITLE	AS	X DELETE			· -	Prioride VT Vocinor	
NAME	GARRISON, RODNEY		6.2 NAME		Timothy J. Foley		
STREET ADDRESS	8900 KEYSTONE CROSSING	SUITE 800	6.3 STRE	ET ADDRESS	8900 Keystone Crossing, Suite	800	
	INIDIANIA DOLLO INI			AT 710	T 14 . 14 TY /60/0		

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, propriate the same legal effect as if made under oath; that I am an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mark L. Helvick 2/8/99

612-542-1144

Daytime Phone #