

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P21069

1. Entity Name

ROYAL HOME PROTECTION PLAN, INC.

FILED
May 13, 2000 8:00 am
Secretary of State

05-13-2000 90016 041 ***150.00

Principal Place of Business 123 N. WACKER DR CHICAGO IL 60606 US	Mailing Address TAX DEPARTMENT P.O. BOX 8264 CHICAGO IL 60680-8264 US
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number	48-1058076	Applied For	<input type="checkbox"/>
		Not Applicable	<input type="checkbox"/>

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD 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.

SIGNATURE <i>NA</i>	(NOTE: Registered Agent signature required when reinstating)	DATE
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9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COLE, DAVID L 123 N WACKER DR CHICAGO IL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV DAVIS, GREGG 123 N. WACKER DR CHICAGO IL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HARDY, ARLENE 123 N. WACKER DR CHICAGO IL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MARKOVITS, RONALD 123 N. WACKER DR CHICAGO IL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BAER, JEROME I 123 N. WACKER DR CHICAGO IL 60606 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SHEPARD, ROBERT 123 N. WACKER DR CHICAGO IL <input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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
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

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: <i>Jerome I Baer</i>	4/21/00 (312) 701-3712
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #

CR2E034 (9/99)

#P21069
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Florida Division of Corporations Public Access		Corporate Inquiry Menu: Please select an inquiry type from the list below, then enter a search key in the search field. Press SEARCH to begin the search.	
Inquiry by:	4/21/00	CORPORATE DETAIL RECORD SCREEN	
Corporation / Trademark Name	NUM: P21069	ST: DE	ACTIVE/FOREIGN PROF FLD: 09/27/198
Officer / Registered Agent Name	FEI#: 48-1058076		
Registered Agent Name	NAME :	ROYAL HOME PROTECTION PLAN, INC.	
Trademark Owner Name	PRINCIPAL:	123 N. WACKER DR	CH
FEI Number	ADDRESS	CHICAGO, IL 60606 US	
Document Number	MAILING :	TAX DEPARTMENT	CH
Trademark Name	ADDRESS	P.O. BOX 8264	
		CHICAGO, IL 60680 US	
	RA NAME :	CT CORPORATION SYSTEM	NAM
	RA ADDR :	1200 S. PINE ISLAND ROAD	ADD
		PLANTATION, FL 33324 US	
Search String:	ANN REP :	(1997) B 09/04/97 (1998) BN 05/15/98 (1999)	
<input type="button" value="Search"/> HomePage			
		<u>Officers</u> ----- THIS IS NOT OFFICIAL RECORD; SEE DOCUMENTS IF QUESTION <u>Document Image</u>	

Note: Florida State and Am Corporation reflect an inconsistency re: the above-noted entity's status (cf. attached data sheet report). A 1999 annual report will be filed until entity is dissolved in the state.

S. West-Knight
4/21/00

NS
4/21/00