

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 24, 2001 8:00 am
Secretary of State

07-24-2001 90017 025 ***550.00

0130940 AT

DOCUMENT # P21069



1. Entity Name
ROYAL HOME PROTECTION PLAN, INC.

Principal Place of Business
**123 N. WACKER DR
 CHICAGO IL 60606
 US**

Mailing Address
**TAX DEPARTMENT
 P.O. BOX 8264
 CHICAGO IL 60680
 US**

00013360



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**200 E. RANDOLPH DR
 Suite, Apt. #, etc.
 TAX DEPT., 4th Floor**

3. Mailing Address

Suite, Apt. #, etc.

City & State

CHICAGO, FL

City & State

4. FEI Number

48-1058076

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**

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

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 \$550.00
 After September 12, 2001 Fee will be \$750.00
 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	COLE, DAVID L	
STREET ADDRESS	123 N WACKER DR	
CITY-ST-ZIP	CHICAGO IL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	DAVIS, GREGG	
STREET ADDRESS	123 N. WACKER DR	
CITY-ST-ZIP	CHICAGO IL	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	HARDY, ARLENE	
STREET ADDRESS	123 N. WACKER DR	
CITY-ST-ZIP	CHICAGO IL	
TITLE	S	<input type="checkbox"/> Delete
NAME	MARKOVITS, RONALD	
STREET ADDRESS	123 N. WACKER DR	
CITY-ST-ZIP	CHICAGO IL	
TITLE	V	<input type="checkbox"/> Delete
NAME	BAER, JEROME I	
STREET ADDRESS	123 N. WACKER DR	
CITY-ST-ZIP	CHICAGO IL 60606	
TITLE	DV	<input type="checkbox"/> Delete
NAME	SHEPARD, ROBERT	
STREET ADDRESS	123 N. WACKER DR	
CITY-ST-ZIP	CHICAGO IL	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	T	
STREET ADDRESS	DIANE Aigotti	
CITY-ST-ZIP	200 E. RANDOLPH DR CHICAGO, FL 60601	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: JEROME I BAER 7/16/01 312-381-3271
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)