

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90224 009 ***150.00

DOCUMENT # P25746

1. Corporation Name

WESTCHESTER PREMIUM ACCEPTANCE CORPORATION

Principal Place of Business

2700 NORTH EAST LOOP 410
SUITE 500
SAN ANTONIO TX 78217

Mailing Address

P.O. BOX 65100
SAN ANTONIO TX 78265
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/22/1989

4. FEI Number

74-2458787

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing 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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VP ☒ DELETE

NAME MAUSHILL, MARK W
STREET ADDRESS 2700 NE LOOP 410, #500
CITY-ST-ZIP SAN ANTONIO TX 78209

TITLE VATD ☒ DELETE

NAME MISHLER, RONALD
STREET ADDRESS 6225 CENTENNIAL WAY
CITY-ST-ZIP BALTIMORE MD 21209

TITLE VAT ☒ DELETE

NAME BIESECKER, PAMELA
STREET ADDRESS 6225 CENTENNIAL WAY
CITY-ST-ZIP BALTIMORE MD 21209

TITLE PD ☒ DELETE

NAME HARRIS, JR., MERLE U
STREET ADDRESS 8555 LARENS LANE #102
CITY-ST-ZIP SAN ANTONIO TX 78218

TITLE VAS ☐ DELETE

NAME HOFFEN, JOHN F J
STREET ADDRESS 6225 CENNIAL WAY
CITY-ST-ZIP BALTIMORE FL 21209

TITLE D ☒ DELETE

NAME HALE, DAN L
STREET ADDRESS 6225 CENTENNIAL WAY
CITY-ST-ZIP BALTIMORE MD 21209

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT ☐ Change ☒ Addition

1.2 NAME LAURA GARNON
1.3 STREET ADDRESS 385 Washington Street
1.4 CITY-ST-ZIP St. Paul, Minnesota 55102

2.1 TITLE Vice President ☐ Change ☒ Addition

2.2 NAME William Tichy
2.3 STREET ADDRESS 2700 NE LOOP 410, #500
2.4 CITY-ST-ZIP San Antonio, Texas 78209

3.1 TITLE Vice President and Treasurer ☐ Change ☒ Addition

3.2 NAME Robert Kellner
3.3 STREET ADDRESS 385 Washington Street
3.4 CITY-ST-ZIP St. Paul, Minnesota 55102

4.1 TITLE Vice President ☐ Change ☒ Addition

4.2 NAME Shelby Najvar
4.3 STREET ADDRESS 2700 N.E. Loop 410, #500
4.4 CITY-ST-ZIP San Antonio, Texas 78209

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/99

Date

410-205-6329

Daytime Phone #

CR2E034 (11/98)