FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Mar 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1997**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P28481** (0)

1. Corporation Name
G-A MASONRY CORP.

Principal Place of Business	Mailing Address
7014 HUGHES AVE. CRESTWOOD KY 40014	7014 HUGHES AVE. CRESTWOOD KY 40014-9045

3. Date Incorporated or Qualified: 03/13/1990
3a. Date of Last Report: 03/06/1996

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 14-1542493 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ 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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BEELER, VICTOR S.		1.2 NAME		
STREET ADDRESS	1510 OAKMONT DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	JEFFERSONVILLE IN		1.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	TABNER, JOHN		2.2 NAME		
STREET ADDRESS	26 COMPUTER DR. W.		2.3 STREET ADDRESS		
CITY-ST-ZIP	ALBANY NY		2.4 CITY-ST-ZIP		
TITLE	T	☒ DELETE	3.1 TITLE	T	☐ Change ☒ Addition
NAME	RUBY, A. CHADWICK		3.2 NAME	WILLIAM GEORGE	
STREET ADDRESS	54 PENROSE AVE.		3.3 STREET ADDRESS	7 HILLCREST LANE	
CITY-ST-ZIP	KITCHENER ON		3.4 CITY-ST-ZIP	KITCHENER, ON N2K 1S9	
TITLE		☐ DELETE	4.1 TITLE	P	☐ Change ☒ Addition
NAME			4.2 NAME	EUGENE GEORGE	
STREET ADDRESS			4.3 STREET ADDRESS	425 WOOLWICH ST S	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	BRESLAU, ON N0B 1M0	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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.

SIGNATURE: Eugene George EUGENE GEORGE March 6/97 (502) 241-4376
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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PROFIT CORPORATION ANNUAL REPORT 1997

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Sandra B. Mortham
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DIVISION OF CORPORATIONS

DOCUMENT # 837126 (2)

1. Corporation Name
SECURITY UNION TITLE INSURANCE COMPANY

Principal Place of Business
~~1717 WALNUT GROVE AVE~~
~~ROSEMEAD CA 91770~~
US

Mailing Address
171 N. CLARK ST
ML 06CT
CHICAGO IL 60601-3203
US

3. Date Incorporated or Qualified: 10/01/1976
3a. Date of Last Report: 03/04/1996

2. Principal Place of Business
21 245 S. Los Robles Ave.
Suite, Apt. #, etc.
22
City & State
23 Chicago, IL
Zip
24 91101
Country
25 US

2a. Mailing Address
26
Suite, Apt. #, etc
27
City & State
28
Zip
29
Country
30

4. FEI Number: 95-2216067 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent
STATE INSURANCE COMMISSIONER
CAPITOL BUILDING
TALLAHASSEE FL 32304

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 (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

		Delete
TITLE	PD	☒ DELETE
NAME	POLLAY, RICHARD L.	
STREET ADDRESS	171 N CLARK ST	
CITY-ST-ZIP	CHICAGO IL	
TITLE	VS	☐ DELETE
NAME	KLARIN, RICHARD M.	
STREET ADDRESS	171 N. CLARK ST	
CITY-ST-ZIP	CHICAGO IL	
TITLE	V	☐ DELETE
NAME	OCZKOWSK, THOMAS S.	
STREET ADDRESS	171 N CLARK ST	
CITY-ST-ZIP	CHICAGO IL	
TITLE	D	☒ DELETE
NAME	TOFT, RICHARD P.	
STREET ADDRESS	171 N CLARK ST	
CITY-ST-ZIP	CHICAGO IL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change	☐ Addition
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		☐ Change	☐ Addition
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		☐ Change	☐ Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		☐ Change	☐ Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
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			

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SIGNATURE: Gregory Hamler Gregory P. Hamler 2/26/97 (312) 223-2440
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0482036