

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT


**FILED**  
**Jul 07, 2005 8:00 am**  
**Secretary of State**

07-07-2005 90005 022 \*\*\*150.00

14018252



07012005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # P30651</b>					
1. Entity Name USF INSURANCE COMPANY					
Principal Place of Business 30833 NORTHWESTERN HWY. 220 FARMINGTON, MI 48334 US			Mailing Address 30833 NORTHWESTERN HWY. 220 FARMINGTON, MI 48334 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 23-0597040	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PTD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MULDOWNEY, DANIEL T		NAME	WILLIAM M. MCCORD JR	
STREET ADDRESS	30833 NORTHWESTERN HWY, STE. 220		STREET ADDRESS	30833 Northwestern Hwy, Suite 220	
CITY-ST-ZIP	FARMINGTON, MI 48334		CITY-ST-ZIP	Farmington Hills, MI 48334	
TITLE	CD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	KAUFMAN, ALAN J		NAME	STEVEN KAUFMAN	
STREET ADDRESS	30833 NORTHWESTERN HWY		STREET ADDRESS	30833 NORTH WESTERN HWY, SUITE 220	
CITY-ST-ZIP	FARMINGTON, MI 483342551		CITY-ST-ZIP	FARMINGTON HILLS, MI 48334	
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	HECKEL, MARILYN		NAME	WILLIAM MUNSON	
STREET ADDRESS	30833 NORTHWESTERN HWY, STE. 220		STREET ADDRESS	30833 NORTH WESTERN HWY, SUITE 220	
CITY-ST-ZIP	FARMINGTON, MI 48334		CITY-ST-ZIP	FARMINGTON HILLS, MI 48334	
TITLE	DV	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SCHNEIDER, KENNETH A		NAME	MARK SHAEVSKY	
STREET ADDRESS	30833 NORTHWESTER HWY, STE. 220		STREET ADDRESS	30833 NORTHWESTERN HWY, SUITE 220	
CITY-ST-ZIP	FARMINGTON, MI 48334		CITY-ST-ZIP	FARMINGTON HILLS, MI 48334	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PRICE, DAVID J		NAME		
STREET ADDRESS	30833 NORTHWESTERN HWY		STREET ADDRESS		
CITY-ST-ZIP	FARMINGTON HILLS, MI 483342551		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KIERNAN, STEVE P		NAME		
STREET ADDRESS	345 RTE 17 SOUTH		STREET ADDRESS		
CITY-ST-ZIP	UPPER SADDLE RIVER, NJ 07458		CITY-ST-ZIP		
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Daniel T. Muldowney</u> DANIEL T. MULDOWNEY			6/30/05 (248) 539-6029		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		



**ATTACHMENT**  
14018252  
**Division of Corporations**

**2005 Annual Report**

**Listed below is the most recent information reported for the entity.  
Please review and click the appropriate button at the bottom to generate the annual report form.**

This information cannot be changed on the report.	
Document Number	P30651
Business Entity Name	USF INSURANCE COMPANY
Original File Date	08/17/1990

FEI Number 23-0597040

Principal Address 30833 NORTHWESTERN HWY.  
220  
FARMINGTON, MI 48334 US

Mailing Address 30833 NORTHWESTERN HWY.  
220  
FARMINGTON, MI 48334 US

Registered Agent CHIEF FINANCIAL OFFICER  
P O BOX 6200 (32314-6200)  
200 E. GAINES ST  
TALLAHASSEE, FL 323990000 US

**Officer/Director Name And Address**

PTD  
DANIEL T MULDOWNY  
30833 NORTHWESTERN HWY, STE. 220  
FARMINGTON, MI 48334

CD  
ALAN J KAUFMAN  
30833 NORTHWESTERN HWY  
FARMINGTON, MI 483342551

S  
MARILYN HECKEL  
30833 NORTHWESTERN HWY, STE. 220  
FARMINGTON, MI 48334

DV  
KENNETH A SCHNEIDER  
30833 NORTHWESTER HWY, STE. 220  
FARMINGTON, MI 48334

ATTACHMENT

D  
DAVID J PRICE  
30833 NORTHWESTERN HWY  
FARMINGTON HILLS, MI 483342551

14018252  
#P30651

D  
STEVE P KIERNAN  
345 RTE 17 SOUTH  
UPPER SADDLE RIVER, NJ 07458

☒ After May 1 of each year, a late charge of \$400.00 is imposed, except in circumstances in which the entity did not receive prior notice. Please check this box if notice was not received.

If all of the above information is correct and you do not wish to make any changes, please select:

No Changes

If you need to make changes to the above information, please select:

Make Changes

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**Sunbiz Home Page**

**Public Access Help**

ATTACHMENT

14018252  
#P30651



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
Glenda E. Hood  
DIVISION OF CORPORATIONS  
P.O. Box 6327  
Tallahassee, Florida 32314

First-Class Mail  
U.S. Postage  
**PAID**  
State of Florida  
84321

## NOTICE OF INTENT TO DISSOLVE

0276247 01 AB 0.187 \*\*AUTO TZ 2 1203 48334-258270



USF INSURANCE COMPANY  
30833 NORTHWESTERN HWY.  
220  
FARMINGTON MI 48334-2582

**OPTION 3 - *Receive a form by mail* - Allow up to 28 days total processing time.**

- Detach this postcard.
- Enter address to mail report to, if different from preprinted address.
- Affix postage on reverse side and mail.

CLAIMS

JUN 30 2005

RECEIVED

Document # P30651

USF INSURANCE COMPANY  
30833 NORTHWESTERN HWY.  
220  
FARMINGTON MI 48334-2582



CR2E095-2nd 03/05

**USF INSURANCE**

220 Kaufman Financial Center  
30833 Northwestern Hwy.  
Farmington Hills, MI 48334

P: (248) 538-4530

(800) 347-6658

F: (248) 538-4613

ATTACHMENT

1401 8252

# P30651



July 1, 2005

Florida Department of State  
Division of Corporations  
2670 Executive Center Circle  
Suite 100  
Tallahassee, FL 32301

Re: 2005 For Profit Corporation Annual Report

To Whom It May Concern:

In accordance to the requirements set forth by the Florida Department of State, please find the following enclosures:

- 2005 For Profit Corporation Annual Report
- Check for Filing Fee \$150.00

Please note we did not receive prior notice regarding the 2005 Annual Report. Enclose is a copy of the notice received June 30, 2005. If you have any questions or concerns, please contact Jessica Walters at 248-539-6078.

Regards,

*Jessica Walters*

USF Insurance Company  
Assistant Controller