

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**

05-16-2000 90039 011 \*\*\*150.00

**DOCUMENT # P35236**

1. Entity Name  
**RELIANCE SURETY COMPANY**

Principal Place of Business <b>THREE PARKWAY          PHILADELPHIA PA 19102          US</b>	Mailing Address <b>THREE PARKWAY          PHILADELPHIA PA 19102-1321          US</b>
--	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number: <b>23-2643432</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent <b>INSURANCE COMMISSIONER          THE CAPITOL BLDG.          TALLAHASSEE FL 32399-0300</b>				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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
---	---	---	------------------------------------

11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	DP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SCHMALZ, C BRIAN			NAME			
STREET ADDRESS	THREE PARKWAY			STREET ADDRESS			
CITY-ST-ZIP	PHILADELPHIA PA 19103			CITY-ST-ZIP			
TITLE	SRVP	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KRISOWATY, ROBERT			NAME			
STREET ADDRESS	THREE PARKWAY			STREET ADDRESS			
CITY-ST-ZIP	PHILADELPHIA PA 19102			CITY-ST-ZIP			
TITLE	DSV	<input checked="" type="checkbox"/> Delete		TITLE	DSV	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	CARR, JEROME H.			NAME	GERSON, STEWART J.		
STREET ADDRESS	THREE PARKWAY			STREET ADDRESS	THREE PARKWAY		
CITY-ST-ZIP	PHILADELPHIA PA			CITY-ST-ZIP	PHILADELPHIA, PA 19102		
TITLE	DS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KAISER, LINDA S			NAME			
STREET ADDRESS	THREE PARKWAY			STREET ADDRESS			
CITY-ST-ZIP	PHILADELPHIA PA 19102			CITY-ST-ZIP			
TITLE	DSV	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FROHLICH, KENNETH R			NAME			
STREET ADDRESS	THREE PARKWAY			STREET ADDRESS			
CITY-ST-ZIP	PHILADELPHIA PA			CITY-ST-ZIP			
TITLE	AS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SPECTOR, PAUL R.			NAME			
STREET ADDRESS	THREE PARKWAY			STREET ADDRESS			
CITY-ST-ZIP	PHILADELPHIA, PA			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 employees.

SIGNATURE: Paul R. Spector PAUL R. SPECTOR 4/26/00 215/864-4000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)