

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 07, 2001 8:00 am
Secretary of State

08-07-2001 90022 003 ***558.75

0135244 AT

DOCUMENT # P37924
1. Entity Name
USA ADMINISTRATION SERVICES, INC.

Principal Place of Business 12900 METCALF OVERLAND KS 66213-620 US	Mailing Address PO BOX 2948 OVERLAND PARK KS 66201-0408 US
--	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 400 West Market Street Suite, Apt. #, etc. 11th Floor	3. Mailing Address Suite, Apt. #, etc.
--	--

City & State Louisville, KY	City & State
---	-------------------------

4. FEI Number 48-0933220	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	---

Zip 40202	Country U.S.A.	Zip	Country
---------------------	--------------------------	------------	----------------

5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent C T 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 NAME STREET ADDRESS CITY-ST-ZIP	S HURST, WILLIAM M. 1150 S OLIVE ST LOS ANGELES CA 90015 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Carolyn M. Johnson 400 West Market Street, 11th Floor Louisville, KY 40202 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/T/CFO/D Nathan C. Anguiano 400 West Market Street, 11th Floor Louisville, KY 40202 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/AS J. Kelly Adams 400 West Market Street, 11th Floor Louisville, KY 40202 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEE ATTACHED <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: SICILIA W. HURST **Hurst, Secretary** **7/27/01** **(213) 742-3128**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2E034 (5/01)



TRANSAMERICA
OCCIDENTAL LIFE

Attachment
#P378924
774230

LAW DEPARTMENT

FEDERAL EXPRESS

Transamerica Center
1150 South Olive
Los Angeles, CA 90015-2211

Mailing Address
P.O. Box 2101
Los Angeles, CA 90051-0101

August 1, 2001

Florida Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32399

Re: USA Administration Services, Inc.
2001 Uniform Business Report

Dear Sir or Madam:

In compliance with the statutory requirements of the State of Florida, enclosed herewith is the 2001 Uniform Business Report for filing on behalf of the referenced Company. Also enclosed is a check in the total amount of \$558.75 in payment of the required filing fee now due, which includes an additional fee of \$8.75 for a Certificate of Status.

Please be advised that the Company has relocated its home office from Overland Park, Kansas to 400 West Market Street, 11th Floor Louisville, Kentucky 40202. Please correct your records accordingly.

If you have any questions, do not hesitate to contact the undersigned at (213) 742-3491.

Very truly yours,

Doris D. Motherspaw
Paralegal

/ddm

Enclosures

cc: William M. Hurst, Esq.
Jo Ann Heppermann, Esq. (w/encl.)
J. Kelly Adams (w/encl.)

Attachment
P37924
774230

USA ADMINISTRATION SERVICES, INC.
2001 UNIFORM BUSINESS REPORT

Additions/changes to all officers and directors in #12.

<u>Name</u>	<u>Title</u>	<u>Address</u>
*Carolyn M. Johnson	President & Director	400 W. Market St. Louisville, KY 40202
*Nathan C. Anguiano	Vice President, Chief Financial Officer, Treasurer & Director	400 W. Market St. Louisville, KY 40202
*Jo Ann Heppermann	Director & Assistance Secretary	400 W. Market St. Louisville, KY 40202
*J. Kelly Adams	Vice President	400 W. Market St. Louisville, KY 40202
*Dana S. Burrows	Vice President	400 W. Market St. Louisville, KY 40202
*Connie H. Whitlock	Vice President	400 W. Market St. Louisville, KY 40202
*Paula M. Jackson	Second Vice President	400 W. Market St. Louisville, KY 40202
William M. Hurst	Secretary	1150 S. Olive St. Los Angeles, CA 90015

*ADDITION
CHANGE