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CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR -8 PM 2:06

DOCUMENT # P38084 (0)

1. Corporation Name
AMERICAN HOME SHIELD CORPORATION

Principal Place of Business	Mailing Address
90 SOUTH E STREET. SUITE 200 SANTA ROSA CA 95404	90 SOUTH E STREET. SUITE 200 SANTA ROSA CA 95404

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/27/1992
3a. Date of Last Report: 04/15/1994

2. Principal Place of Business	2a. Mailing Address
21 860 Ridge Lake Blvd.	26 860 Ridge Lake Blvd.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Memphis, TN	City & State 28 Memphis, TN
Zip 24 38120 Country 25 USA	Zip 29 38120 Country 30 USA

4. FEI Number: 13-2686654 ☐ 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

C T CORPORATION SYSTEM
%C T CORPORATION SYSTEM
1200 SOUTH 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 _____ DATE
Signature, typed or printed name of registered agent and the date signed. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	P	☒ Change ☐ Addition
NAME	BRINKER, DANIELD J.	1.2 NAME	Breck W. Swanquist	
STREET ADDRESS	90 SOUTH E STREET, #200	1.3 STREET ADDRESS	860 Ridge Lake Blvd.	
CITY-ST-ZIP	SANTA ROSA CA	1.4 CITY-ST-ZIP	Memphis, TN 38120	
TITLE	V	2.1 TITLE	SVP	☒ Change ☐ Addition
NAME	MACHE, CHARLES E.	2.2 NAME	Scott J. Cromie	
STREET ADDRESS	90 SOUTH E STREET, #200	2.3 STREET ADDRESS	860 Ridge Lake Blvd.	
CITY-ST-ZIP	SANTA ROSA CA	2.4 CITY-ST-ZIP	Memphis, TN 38120	
TITLE	S	3.1 TITLE	VP/S	☒ Change ☐ Addition
NAME	LIGHTFOOT, MARK F.	3.2 NAME	Mark F. Lightfoot	
STREET ADDRESS	90 SOUTH E STREET, #200	3.3 STREET ADDRESS	860 Ridge Lake Blvd.	
CITY-ST-ZIP	SANTA ROSA CA	3.4 CITY-ST-ZIP	Memphis, TN 38120	
TITLE	T	4.1 TITLE	VP/T	☒ Change ☐ Addition
NAME	LEE, YOUNG W.	4.2 NAME	Young W. Lee	
STREET ADDRESS	90 SOUTH E STREET, #200	4.3 STREET ADDRESS	131B Stony Circle #1500	
CITY-ST-ZIP	SANTA ROSA CA	4.4 CITY-ST-ZIP	Santa Rosa, CA 95401	
TITLE	CD	5.1 TITLE	EVP	☐ Change ☒ Addition
NAME	BRINKER, DANIEL J.	5.2 NAME	Richard A. Ascolese	
STREET ADDRESS	90 SOUTH E STREET, #200	5.3 STREET ADDRESS	860 Ridge Lake Blvd.	
CITY-ST-ZIP	SANTA ROSA CA	5.4 CITY-ST-ZIP	Memphis, TN 38120	
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	HANSEN, KENNETH N	6.2 NAME		
STREET ADDRESS	2661 TALLENT ROAD	6.3 STREET ADDRESS		
CITY-ST-ZIP	SANTA BARBARA CA	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: [signature] Mark F. Lightfoot 3/1/95 (901) 537-8000
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Title Daytime Phone #

0482030 FP