

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Feb 14 1997 8:00am
Secretary of StatePROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P38084 (0)

1. Corporation Name
AMERICAN HOME SHIELD CORPORATION

Principal Place of Business

860 RIDGE LAKE BLVD
MEMPHIS TN 38120
US

Mailing Address

860 RIDGE LAKE BLVD
MEMPHIS TN 38120-9406
US

3. Date Incorporated or Qualified

03/27/1992

3a. Date of Last Report

03/29/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

25

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

30

Country

4. FEI Number

13-2686654

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
%C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

Signatures: 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	P	<input checked="" type="checkbox"/> DELETE
NAME	SWANQUIST, BRECK W	
STREET ADDRESS	860 RIDGE LAKE BLVD	
CITY-ST-ZIP	MEMPHIS TN	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	CROMIE, SCOTT J	
STREET ADDRESS	860 RIDGE LAKE BLVD	
CITY-ST-ZIP	MEMPHIS TN	
TITLE	VPS	<input type="checkbox"/> DELETE
NAME	LIGHTFOOT, MARK F.	
STREET ADDRESS	860 RIDGE LAKE BLVD	
CITY-ST-ZIP	MEMPHIS TN	
TITLE	VPT	<input type="checkbox"/> DELETE
NAME	LEE, YOUNG W	
STREET ADDRESS	131B STONY CIRCLE, #1500	
CITY-ST-ZIP	SAN ROSA CA	
TITLE	EVP	<input type="checkbox"/> DELETE
NAME	ASCOLESE, RICHARD A	
STREET ADDRESS	860 RIDGE LAKE BLVD	
CITY-ST-ZIP	MEMPHIS TN	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	38120
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	38120
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	131A Stony Circle #100
4.4 CITY-ST-ZIP	95401
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	38120
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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:

MARK F. Lightfoot

Date

Daytime Phone #

CR2E034 (9/96)