

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 30, 2004 8:00 am
Secretary of State

03-30-2004 90009 009 ***150.00

DOCUMENT # P38084

1. Entity Name
AMERICAN HOME SHIELD CORPORATION



Principal Place of Business
**889 RIDGE LAKE BLVD
MEMPHIS, TN 38120 US**

Mailing Address
**889 RIDGE LAKE BLVD
MEMPHIS, TN 38120 US**

34039696



03082004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
13-2686654

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CROMIE, SCOTT J
STREET ADDRESS	889 RIDGE LAKE BLVD, C3-1840
CITY-ST-ZIP	MEMPHIS, TN 38120
TITLE	SVPS
NAME	LIGHTFOOT, MARK F.
STREET ADDRESS	889 RIDGE LAKE BLVD, C3-1840
CITY-ST-ZIP	MEMPHIS, TN 38120
TITLE	VPT
NAME	RUPIPER, BRIAN L
STREET ADDRESS	889 RIDGE LAKE BLVD, C3-1840
CITY-ST-ZIP	MEMPHIS, TN 38120
TITLE	EVP
NAME	ASCOLESE, RICHARD A
STREET ADDRESS	889 RIDGE LAKE BLVD, C3-1840
CITY-ST-ZIP	MEMPHIS, TN 38120
TITLE	VP
NAME	LEE, YOUNG W
STREET ADDRESS	131A STONY CIRCLE #100
CITY-ST-ZIP	SANTA ROSA, CA 95401
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-26-04

Date

Daytime Phone #