

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90170 031 ***150.00

DOCUMENT # P94000015775

1. Entity Name
SUBSTANCE ABUSE MANAGEMENT, INC.



Principal Place of Business
**500 N 19TH ST.
MILWAUKEE WI 53233
US**

Mailing Address
**500 N 19TH ST.
MILWAUKEE WI 53233
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **39-1287191**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

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. 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, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Delete
NAME **VALDEZ, BART**
STREET ADDRESS **805 EXECUTIVE CENTER DR. W., STE 300**
CITY-ST-ZIP **SAINT PETERSBURG FL 33702**

TITLE ☒ Change ☐ Addition
NAME **See attached listing of officers and directors**
STREET ADDRESS **See attached listing of officers and directors**
CITY-ST-ZIP **See attached listing of officers and directors**

TITLE **VP** ☒ Delete
NAME **TAPPA, MARY K**
STREET ADDRESS **500 N 19TH STREET**
CITY-ST-ZIP **MILWAUKEE WI 53233**

TITLE ☒ Change ☐ Addition
NAME **See attached listing of officers and directors**
STREET ADDRESS **See attached listing of officers and directors**
CITY-ST-ZIP **See attached listing of officers and directors**

TITLE **S** ☐ Delete
NAME **CHIN, KEN J**
STREET ADDRESS **805 EXECUTIVE CENTER DR. W., STE 300**
CITY-ST-ZIP **SAINT PETERSBURG FL 33702**

TITLE ☐ Change ☐ Addition
NAME **See attached listing of officers and directors**
STREET ADDRESS **See attached listing of officers and directors**
CITY-ST-ZIP **See attached listing of officers and directors**

TITLE **COO** ☒ Delete
NAME **TAPPA, MARY**
STREET ADDRESS **500 NORTH 19TH ST.**
CITY-ST-ZIP **MILWAUKEE WI 53233**

TITLE ☒ Change ☐ Addition
NAME **See attached listing of officers and directors**
STREET ADDRESS **See attached listing of officers and directors**
CITY-ST-ZIP **See attached listing of officers and directors**

TITLE **VP** ☒ Delete
NAME **BRODEN, WILLIAM R**
STREET ADDRESS **500 NORTH 19TH ST.**
CITY-ST-ZIP **MILWAUKEE WI 53233**

TITLE ☒ Change ☐ Addition
NAME **See attached listing of officers and directors**
STREET ADDRESS **See attached listing of officers and directors**
CITY-ST-ZIP **See attached listing of officers and directors**

TITLE **T** ☐ Delete
NAME **BEHR, SHANNON**
STREET ADDRESS **500 NORTH 19TH ST.**
CITY-ST-ZIP **MILWAUKEE WI 53233**

TITLE ☐ Change ☐ Addition
NAME **See attached listing of officers and directors**
STREET ADDRESS **See attached listing of officers and directors**
CITY-ST-ZIP **See attached listing of officers and directors**

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]* **J. Chin, Secretary 3/14/03 (800)321-4473**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)

Attachment

October 16, 2002

90088320
P94000015715

OFFICERS

SUBSTANCE ABUSE MANAGEMENT, INC.

Name	Title	Business Address
John W. Long	Chairman	HireCheck, Inc. 805 Executive Center Drive West Suite 300 St. Petersburg, FL 33702
Andrew D. Macdonald	President	Employee Health Programs, Inc. 6430 Rockledge Drive Suite 600 Bethesda, MD 20817
David Wirta	Executive Vice President	HireCheck, Inc. 805 Executive Center Drive West Suite 300 St. Petersburg, FL 33702
Kenneth D. DeGiorgio	Vice President Assistant Secretary	The First American Corporation 1 First American Way Santa Ana, CA 92707
Shannon Behr	Treasurer	Substance Abuse Management, Inc. 500 North 19 th Street Milwaukee, WI 53233
Ken J. Chin	Secretary	HireCheck, Inc. 805 Executive Center Drive West Suite 300 St. Petersburg, FL 33702

Attachment

90088320

P94000015775
DIRECTORS

SUBSTANCE ABUSE MANAGEMENT, INC.

Name

Business Address

John W. Long

HireCheck, Inc.
805 Executive Center Drive West, Suite 300
St. Petersburg, FL 33702

Andrew D. Macdonald

Employee Health Programs, Inc.
6430 Rockledge Drive, Suite 600
Bethesda, MD 20817

Kenneth D. DeGiorgio

The First American Corporation
1 First American Way
Santa Ana, CA 92707