FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

1995

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 AM 10: 29

DOCUMENT # S27083 (2)

EMPLOYERS COMPENSATION SERVICES CORPORATION

POST OFFICE BOX 15707
ST. PETERSBURG FL 33733

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ST PETERSBURG FL 33733

3. Date of Incorporation: 01/23/1991

3a. Date of Last Report: 05/01/1994

4. FEI Number: 59-3082731 — Applied For / Not Applicable

5. Certificate of Status Desired: $8.75 Additional Fee Required

6. Dba/Fictitious Name Desired: $5.00 May Be Added to Fees

8. Does corporation qualify for profit or not for profit under Section 607.0401, Florida Statutes? [✓] Yes [ ] No

9. Name and Address of Current Registered Agent

DELANO, G KRISTIN
360 CENTRAL AVE
ST PETERSBURG FL 33701

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 Section 607.0501, Florida Statutes, the above named corporation submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida and the corporation's principal office has been authorized to do so by resolution of its board of directors. I hereby accept the appointment as registered agent and am familiar with and accept the obligations contained in Section 607.0501, Florida Statutes.

G. Kristin Delano

SIGNATURE

12. OFFICERS AND DIRECTORS

DC
MENKE, ROBERT M
360 CENTRAL AVE
ST PETERSBURG FL

TD
HUSSEMANN, EDWIN C
360 CENTRAL AVE
ST. PETERSBURG FL

DP
MEEHAN, DAVID K
360 CENTRAL AVE
ST PETERSBURG FL

DS
DELANO, G KRISTIN
360 CENTRAL AVE
ST PETERSBURG FL

V
SHALLER, MELVIN N
360 CENTRAL AVE
ST PETERSBURG FL

13. ADDITIONS, CHANGES TO OFFICERS AND/OR DIRECTORS

[ ] Change [ ] Add

[ ] Change [ ] Add

[ ] Change [ ] Add

[ ] Change [ ] Add

[ ] Change [ ] Add

[ ] Change [ ] Add

14. I hereby certify that the information contained herein is accurate and that I am qualified to do business in the State of Florida. I further certify that the information contained in the 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. I am aware of the provisions of Section 607.0501, Florida Statutes, and the requirements of Section 607.0501, Florida Statutes,