2002 UNIFORM BUSINESS REPORT (UBR)

0451485 AV

DOCUMENT # S27083

1. Entity Name

EMPLOYERS COMPENSATION SERVICES CORPORATION

FILED
02 APR 11 AM 9:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
POST OFFICE BOX 15707 ST. PETERSBURG FL 33733	POST OFFICE BOX 15707 ST. PETERSBURG FL 33733

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3082731 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~DELANO, G KRISTIN~~ 360 CENTRAL AVE ST PETERSBURG FL 33701	Name: Robert G. Southey Street Address (P.O. Box Number is Not Acceptable): 360 Central Ave. City: St. Petersburg **FL** Zip Code: 33701

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.

SIGNATURE _____ Robert G. Southey, Esq. 3/15/02
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After May 1, 2002 Fee will be $550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DC MENKE, ROBERT M 360 CENTRAL AVE ST PETERSBURG FL 33701	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P, D, C 000005389740--1 -04/30/02--01020--001 ***7972.75 ****150.00	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD HUSSEMANN, EDWIN C 360 CENTRAL AVE ST. PETERSBURG FL 33701	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS Haire, Nancy C. 360 Central Ave. St. Petersburg, FL 33701	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MEEHAN, DAVID K 360 CENTRAL AVE ST PETERSBURG FL 33701	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Southey, Robert G. 360 Central Ave. St. Petersburg, FL 33701	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS DELANO, G. KRISTIN 360 CENTRAL AVE ST PETERSBURG FL 33701	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS, VP Snyder, David B. 360 Central Ave. St. Petersburg, FL	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V DIFRANCESCO, SR., PAUL F 360 CENTRAL AVE ST PETERSBURG FL 33701	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVCP MENKE, ROBERT G 360 CENTRAL AVE ST PETERSBURG FL 33701	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/01)

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Nancy C. Haire 3/15/02 727 823-4000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Assistant Secretary Date Daytime Phone #