

FILE NOW: FILING FEE IS \$61.25

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90194 009 ****61.25

NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F93000005197

1. Corporation Name
SERVICE CONTRACT INDUSTRY COUNCIL, INC.

* 4 8 4 4 4 6 *
 484446 - 90194 - 9

Principal Place of Business
 204 SOUTH MONROE STREET
 TALLAHASSEE FL 32301

Mailing Address
 204 SOUTH MONROE STREET
 TALLAHASSEE FL 32301



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	11/16/1993
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-3190625
City & State	City & State	Applied For
23	28	Not Applicable
Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>
24	25	<input type="checkbox"/> \$8.75 Additional Fee Required
29	30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
		<input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
MEENAN, TIMOTHY J 204 SOUTH MONROE STREET TALLAHASSEE FL 32301		81 Name	85 Zip Code
		82 Street Address (P.O. Box Number is Not Acceptable)	FL
		83	
		84 City	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHAUFELD, FREDRICK	1.2 NAME	
STREET ADDRESS	44873 FALCOM PLACE, STE. 174	1.3 STREET ADDRESS	
CITY-ST-ZIP	STERLING VA 22170	1.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LARSON, DAVE	2.2 NAME	Mike Altier
STREET ADDRESS	1775 12TH AVENUE NW	2.3 STREET ADDRESS	3333 Beverly Road, B6-271B
CITY-ST-ZIP	ISSAQUAH WA 98027	2.4 CITY-ST-ZIP	Hoffman Estates, IL 60179
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHERMER, BERNIE	3.2 NAME	Jeanine Folz
STREET ADDRESS	26 WASHINGTON AVENUE	3.3 STREET ADDRESS	300 Atlantic Street
CITY-ST-ZIP	ST. LOUIS MO 63101	3.4 CITY-ST-ZIP	Stamford, CT 06901
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Timothy J Meenan* **REQUIRED** Date _____ Daytime Phone # _____

CR2E037 (11/98)