

2002 UNIFORM BUSINESS REPORT (UBR)

0006204

DOCUMENT # F93000005197

1. Entity Name

SERVICE CONTRACT INDUSTRY COUNCIL, INC.

FILED

02 FEB-18 AM 9:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business 204 SOUTH MONROE STREET TALLAHASSEE FL 32301	Mailing Address 204 SOUTH MONROE STREET TALLAHASSEE FL 32301
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State

4. FEI Number 59-3190625	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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Zip	Country	Zip	Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

MEENAN, TIMOTHY J
204 SOUTH MONROE STREET
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	SCHAUFELD, FREDRICK	
STREET ADDRESS	44873 FALCOM PLACE, STE. 174	
CITY-ST-ZIP	STERLING VA 22170	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ALTIER, MIKE	
STREET ADDRESS	3333 BEVERLY RD, B6-271B	
CITY-ST-ZIP	HOFFMAN ESTATES IL 60179	
TITLE	D	<input type="checkbox"/> Delete
NAME	RITCHIE, ROBERT	
STREET ADDRESS	CNA PLAZA 25 SOUTH	
CITY-ST-ZIP	CHICAGO IL 60685	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	100005024071--1	
CITY-ST-ZIP	-02/27/02--01059--024	
	*****61.25 *****61.25	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lightfoot, Mark	
STREET ADDRESS	860 Ridge Lake Blvd., Ste. G100	
CITY-ST-ZIP	Memphis, TN 38120	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 617, 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 REQUIRED 2/14/02 703/510-8185

DATE: _____ DAYTIME PHONE #: _____

CP2E037 (9/01)