

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90241 031 ***150.00

DOCUMENT # **8127914**

1. Entity Name
Harco National Insurance Company



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2850 West Golf Road

3. Mailing Address
2850 West Golf Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Rolling Meadows, IL

City & State
Rolling Meadows, IL

4. FEI Number
13-6108721

Applied For
Not Applicable

Zip
60008

Country

Zip
60008

Country

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

14008870

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
CHIEF FINANCIAL OFFICER
Street Address (P.O. Box Number is Not Acceptable)
P O BOX 6200 (32314-6200)

200 E. GAINES STREET

City
TALLAHASSEE FL Zip Code
32399

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
STEPHANO, STEPHEN L.
2850 WEST GOLF ROAD
ROLLING MEADOWS, IL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VS
BLINSON, MICHAEL D
2850 WEST GOLF ROAD
ROLLING MEADOWS, IL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
BIRCH, ALFRED J
2850 WEST GOLF ROAD
ROLLING MEADOWS, IL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CFO
KIMPEL, DAVID E
2850 WEST GOLF ROAD
ROLLING MEADOWS, IL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
THOMAS, DAVID E
2850 WEST GOLF ROAD
ROLLING MEADOWS, IL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SILVER, THOMAS D
2850 WEST GOLF ROAD
ROLLING MEADOWS, IL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

A. J. Birn

4-20-05

(847) 321-4985

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #