State of New Hampshire
2009 ANNUAL REPORT

The following information shall be given as of January 1 preceeding the due date Pursuant to RSA 293-A:16.22.

REPORT DUE BY April 1, 2009

ANNUAL REPORTS RECEIVED AFTER THE DUE DATE WILL BE ASSESSED A LATE FEE.

Filed

Date Filed: 02/04/2009

Business ID: 420425

William M. Gardner

Secretary of State

AUTOMOBILE PROTECTION CORPORATION-APCO

6010 ATLANTIC BLVD

NORCROSS, GA 30071

ENTITY TYPE:	CORPORATION
BUSINESS ID:	420425
STATE OF DOMICILE:	GEORGIA

PROVIDE AND ADMINISTER WARRANTIES/ EXTENDED VEHICLE SERVICE CONTRACTS

1

ADDRESS OF PRINCIPAL OFFICE:

6010 ATLANTIC BLVD

NORCROSS, GA 30071

REGISTERED AGENT AND OFFICE:

C T CORPORATION SYSTEM

9 CAPITOL ST

CONCORD, NH 03301

2

If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

☐ The new mailing address _____

☐ The new principal office address _____

PO Box is acceptable.

3

OFFICERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

(MUST LIST AT LEAST ONE OFFICER BELOW)

A

PRES.	**John E. Lee**
STREET	**6010 Atlantic Blvd.**
CITY/STATE/ZIP	**Norcross Ga 30071-1303**
TREAS.	**John F. Marks**
STREET	**6010 Atlantic Blvd.**
CITY/STATE/ZIP	**Norcross GA 30071-1303**
OTHE.	**John F. Marks**
STREET	**6010 Atlantic Blvd.**
CITY/STATE/ZIP	**Norcross GA 30071-1303**
SEC'Y.	**Virginia W. Wadsworth**
STREET	**6010 Atlantic Blvd.**
CITY/STATE/ZIP	**Norcross Ga 30071-1303**

BOARD OF DIRECTORS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

(MUST LIST AT LEAST ONE DIRECTOR BELOW)

B

DIR.	**John E. Lee**
STREET	**6010 Atlantic Blvd.**
CITY/STATE/ZIP	**Norcross Ga 30071-1303**
DIR.	**Larry I. Dorfman**
STREET	**6010 Atlantic Blvd.**
CITY/STATE/ZIP	**Norcross GA 30071-1303**
DIR.	**Michael Gregorich**
STREET	**20 Horseneck Lane**
CITY/STATE/ZIP	**Greenwich CT 05830**
DIR.	**Agha Kahn**
STREET	**20 Horseneck Lane**
CITY/STATE/ZIP	**Greenwich CT 05830**

NAMES AND ADDRESSES OF ADDITIONAL OFFICERS AND DIRECTORS ARE ATTACHED

4

To be signed by an officer, director, or any other person authorized by the board of directors.
I, the undersigned do hereby Certify that the statements on this report are true to the best of my information, knowledge and belief.

Sign here: **John E. Lee**

Please print name and title of signer: **John E. Lee** / **PRESIDENT**

NAME TITLE

FEE DUE: **$100.00**

E-MAIL ADDRESS (OPTIONAL):

042042520091009

WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED

MAKE CHECK PAYABLE TO SECRETARY OF STATE

RETURN COMPLETED REPORT AND PAYMENT TO:

New Hampshire Department of State, Annual Reports, P.O. Box 9529, Manchester, NH 03108-9529

2009 ANNUAL REPORT

NAMES AND ADDRESSES OF ALL OTHER OFFICERS AND DIRECTORS:

OTHER

LARRY I. DORFMAN
6010 ATLANTIC BLVD.
NORCROSS, GA 30071-1303

OTHER

MICHAEL A. CURRAN
6010 ATLANTIC BLVD
NORCROSS, GA 30071

OTHER

MEG BOSWELL
6010 ATLANTIC BLVD.
NORCROSS, GA 30071

DIRECTOR

PETER MUNDHEIM
20 HORSENECK LANE
GREENWICH, CT 05830