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May 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **196817** **(1)**

1. Corporation Name
ALEXANDER & ALEXANDER, INC.

Principal Place of Business	Mailing Address
10461 MILL RUN CIRCLE OWINGS MILLS MD 21117	10461 MILL RUN CIRCLE OWINGS MILLS MD 21117

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/15/1956

2. Principal Place of Business	2a. Mailing Address
21 123 N. Wacker Dr.	26 Tax Dept.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 P.O. Box 8264
City & State 23 Chicago, IL	City & State 28 Chicago, IL
Zip 24 60606 Country 25	Zip 29 60680 Country 30

4. FEI Number: 59-0876526 ☐ Applied For ☐ Not Applicable

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

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

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	Kenneth J. Davis	☐ Change ☒ Addition
NAME	BURK, LAWRENCE E		1.2 NAME	President	
STREET ADDRESS	6 SEMINOLE WAY		1.3 STREET ADDRESS	123 N. Wacker Dr.	
CITY-ST-ZIP	CHATHAM NJ		1.4 CITY-ST-ZIP	Chicago, IL 60606	
TITLE	T	☒ DELETE	2.1 TITLE	Asst V.P. Taxes	☐ Change ☒ Addition
NAME	KERSHAW, R. ALAN		2.2 NAME	Susan Fyda	
STREET ADDRESS	6 FOREST RIDGE COURT		2.3 STREET ADDRESS	123 N. Wacker Dr.	
CITY-ST-ZIP	TIMONIUM MD		2.4 CITY-ST-ZIP	Chicago, IL 60606	
TITLE	VPS	☒ DELETE	3.1 TITLE	Treasurer	☐ Change ☒ Addition
NAME	RUSSELL, ALICE L.		3.2 NAME	Arlene H. Hardy	
STREET ADDRESS	2802 FOREST GLEN DR.		3.3 STREET ADDRESS	123 N. Wacker Dr.	
CITY-ST-ZIP	BALDWIN MD		3.4 CITY-ST-ZIP	Chicago, IL 60606	
TITLE	D	☒ DELETE	4.1 TITLE	Secretary	☐ Change ☒ Addition
NAME	HEERDEGEN, KEVIN J		4.2 NAME	Arlene Jeschke	
STREET ADDRESS	4279 ROSWELL ROAD		4.3 STREET ADDRESS	123 N. Wacker Dr.	
CITY-ST-ZIP	ATLANTA GA		4.4 CITY-ST-ZIP	Chicago, IL 60606	
TITLE	P	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BELTRAN, JUAN E.		5.2 NAME		
STREET ADDRESS	380 LEUCADENDRA DR.		5.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (10/97)

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE _____ DATE 04/29/98 (312)701-3970