

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 533356

1. Entity Name

ARTHUR J. GALLAGHER & CO. (FLORIDA)

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90050 043 ***150.00

Principal Place of Business

Mailing Address

8300 NW 53RD ST
 STE 350
 MIAMI FL 33166
 US

TWO PIERCE PL
 23 FL
 ITASCA IL 60143-1203
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1743669

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PRENTICE-HALL CORPORATION SYSTEM, INC.
110 NORTH MAGNOLIA STREET
TALLAHASSEE FL 32301

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|------------------------|---------------------------------|
| TITLE | VPD | <input type="checkbox"/> Delete |
| NAME | CLOHERTY, MICHAEL J | |
| STREET ADDRESS | TWO PIERCE PLACE | |
| CITY-ST-ZIP | ITASCA IL | |
| TITLE | AP | <input type="checkbox"/> Delete |
| NAME | BERNARD, III J | |
| STREET ADDRESS | 8300 NW 53 ST, STE 350 | |
| CITY-ST-ZIP | MIAMI FL 33166 | |
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | GALLAGHER JR, J P | |
| STREET ADDRESS | TWO PIERCE PLACE | |
| CITY-ST-ZIP | ITASCA IL | |
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | STRAUCH, MARK P. | |
| STREET ADDRESS | TWO PIERCE PLACE | |
| CITY-ST-ZIP | ITASCA IL | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | FASIG, CARL E. | |
| STREET ADDRESS | TWO PIERCE PLACE | |
| CITY-ST-ZIP | ITASCA IL | |
| TITLE | VPD | <input type="checkbox"/> Delete |
| NAME | VAN DER VOORT, GARY M | |
| STREET ADDRESS | TWO PIERCE PLACE | |
| CITY-ST-ZIP | ITASCA IL | |

| | | |
|----------------|------------------|--|
| TITLE | VPD | <input checked="" 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 | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | VP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DAVID R. LONG | |
| STREET ADDRESS | TWO PIERCE PLACE | |
| CITY-ST-ZIP | ITASCA, IL 60143 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TREASURER *[Signature]* **4/24/2000** **630/773-3800**
 Date Daytime Phone #

CR2E034 (9/99)

ARTHUR J. GALLAGHER & CO. (FLORIDA)

Incorporated : Florida
Date : 05/06/77
% Ownership : 100% Arthur J. Gallagher & Co.
Federal ID # : 59-1743669

Doc# 533356
0053908

CAPITAL STOCK:

Common

Price/Par Value: \$1.00

Authorized: 1,000
Outstanding: 1,000

DIRECTORS:

| | |
|---------------------------|----------|
| Michael J. Cloherty | Director |
| J. Patrick Gallagher, Jr. | Director |
| Joseph Besnard, Jr. | Director |

OFFICERS:

| | |
|---------------------------|------------------------------------|
| J. Patrick Gallagher, Jr. | President |
| Joseph Besnard, Jr. | Area President |
| Gregory Butterfield | Area President |
| David L. Marcus | Area President |
| Glenn R. Tobey | Area President |
| Michael J. Cloherty | Vice President - Finance |
| John C. Rosengren | Vice President and General Counsel |
| David R. Long | Vice President |
| Gary M. Van der Voort | Vice President |
| Antonio B. Abella | Area Senior Vice President |
| John J. Liston | Area Senior Vice President |
| Donald Miller | Area Senior Vice President |
| Nayla Zacur | Area Senior Vice President |
| Robert W. Altemus | Area Vice President |
| Henry A. Everett | Area Vice President |
| Lowell D. Fuller | Area Vice President |
| Brian P. McPartland | Area Vice President |
| Randall E. Squires | Area Vice President |
| Mark P. Strauch | Treasurer |
| Jack H. Lazzaro | Controller |
| Michael J. Cloherty | Secretary |
| Christine D. Greb | Assistant Secretary |

Purpose of Business:

Insurance Agency and Brokerage

Primary Address:

Koger Executive Center
8300 N.W. 53rd Street, Suite 350
Miami, FL 33166