

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 31, 2001 8:00 am**  
**Secretary of State**

01-31-2001 90295 046 \*\*\*150.00

**DOCUMENT # 836497**

1. Entity Name

**INTERNATIONAL FIDELITY INSURANCE COMPANY**

Principal Place of Business

Mailing Address

**ONE NEWARK CENTER  
 20TH FLOOR  
 NEWARK NJ 07102**

**ONE NEWARK CENTER  
 20TH FLOOR  
 NEWARK NJ 07102**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **22-1010450**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STATE INSURANCE COMMISSIONER  
 CAPITOL BUILDING  
 TALLAHASSEE FL 32304**

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, 2001 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

T  Delete  
 NAME **WEISS, CHARLOTTE S.**  
 STREET ADDRESS **2575 PALIDASE AVE.**  
 CITY-ST-ZIP **RIVERDALE NY**

Vice President of Finance  Change  Addition  
 NAME **Lee T. Hartmann, CPA**  
 STREET ADDRESS **One Newark Center, 20th Floor**  
 CITY-ST-ZIP **Newark, NJ 07102**

SD  Delete  
 NAME **KONVITZ, NORMAN**  
 STREET ADDRESS **1218 W. PARK AVE.**  
 CITY-ST-ZIP **WAYSIDE NJ**

Senior Vice President of Operations  Change  Addition  
 NAME **Matthew Klimczak**  
 STREET ADDRESS **One Newark Center, 20th Floor**  
 CITY-ST-ZIP **Newark, NJ 07102**

PD  Delete  
 NAME **MITTERHOFF, FRANCIS L.**  
 STREET ADDRESS **BROOK HOLLOW LN.**  
 CITY-ST-ZIP **BERNARDVILLE NJ**

Change  Addition

CD  Delete  
 NAME **KONVITZ, PHILIP**  
 STREET ADDRESS **1060 OCEAN AVE**  
 CITY-ST-ZIP **ELBERON, NJ 00000**

Change  Addition

D  Delete  
 NAME **SHEFFRIN, EILEEN**  
 STREET ADDRESS **27 CARRIAGE HILL LANE**  
 CITY-ST-ZIP **COLUMBUS NJ**

Change  Addition

ASD  Delete  
 NAME **LEVINSON, GILDA**  
 STREET ADDRESS **21 MAYFFIELD PLACE**  
 CITY-ST-ZIP **METUCHEN, NJ 00000**

Change  Addition

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: *Lee T. Hartmann* **Lee T. Hartmann, CPA**

January 24, 2001

973-624-7200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)