2002 UNIFORM BUSINESS REPORT (UBR)

Feb 11, 2002 8:00 am **DOCUMENT #** 836497 **Secretary of State** 1. Entity Name 02-11-2002 90227 032 ***150.00 INTERNATIONAL FIDELITY INSURANCE COMPANY Mailing Address Principal Place of Business ONE NEWARK CENTER ONE NEWARK CENTER 法自在行用的 20TH FLOOR 20TH FLOOR NEWARK NJ 07102 NEWARK NJ 07102 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 22-1010450 Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name STATE INSURANCE COMMISSIONER Street Address (P.O. Box Number is Not Acceptable) CAPITOL BUILDING TALLAHASSEE FL 32304 Zip Code FL 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 SEASON STORY DATE Signature, typed or printed name of registered agent and title il applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. · OFFICERS AND DIRECTORS 12. ☐ Addition ☐ Delete TITLE TITLE VP NAME NAME 'HARTMAN, LEE T STREET ADDRESS STREET ADDRESS ONE NEWARK CENTER, 20TH FLOOR CITY-ST-ZIP CITY-ST-ZIP **NEWARK NJ 07102** ☐ Change Addition ☐ Defete TITLE SD NAME NAME KONVITZ. NORMAN STREET ADDRESS STREET ADDRESS 1218 W. PARK AVE. CITY-ST-ZIP CITY-ST-ZIP WAYSIDE NJ ☐ Change Addition TITLE Delete -TITLE .NAME NAME MITTERHOFF, FRANCIS L. STREET ADDRESS STREET ADDRESS BROOK HOLLOW LN. CITY-ST-ZIP CITY-ST-7IP BERNARDVILLE NJ ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME KONVITZ, PHILIP STREET ADDRESS STREET ADDRESS 1060 OCEAN AVE CITY-ST-ZIP CITY-ST-ZIP ELBERON, NJ 00000 Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME SHEFFRIN, EILEEN STREET ADDRESS STREET ADDRESS 27 CARRIAGE HILL LANE CITY-ST-ZIP COLUMBUS NJ CITY-ST-ZIP ☐ Change Addition ☐ Defete TITLE TITLE **ASD** LEVINSON, GILDA NAME NAME STREET ADDRESS STREET ADDRESS 21 MAYFFIELD PLACE CITY-ST-ZIP **METUCHEN, NJ 00000**

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 all other like empowered.

SIGNATURE:

PLINREDT. Hartmann, CPA

January 22,

Date

973-624-7200

FILED

(9/01) CR2E034