

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 02, 2004 8:00 am**  
**Secretary of State**

02-02-2004 90011 045 \*\*\*150.00

**DOCUMENT # 856567**  
 1. Entity Name  
**FORT WAYNE INTERMEDIARIES, INC.**



Principal Place of Business      Mailing Address  
**ONE REINSURANCE PLACE**      **P.O. BOX 7808**  
**1700 MAGNAVOX WAY**      **FORT WAYNE, IN 46801-7808 US**  
**FORT WAYNE, IN 46804 US**

44003236



2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

01072004      Chg-P      CR2E034 (10/03)

City & State      City & State  
 Zip      Country      Zip      Country

4. FEI Number  
**35-1547628**      Applied For  
 Not Applicable  
 5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**PRENTICE-HALL CORPORATION SYSTEM, INC.**  
**110 NORTH MAGNOLIA STREET**  
**TALLAHASSEE, FL 32301**

7. Name and Address of New Registered Agent  
 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. I am familiar with, and accept the obligations of registered agent:  
 SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing      **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution:  **FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00**

10. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> Delete
NAME	SARLITTO, MARK R	
STREET ADDRESS	175 KING STREET	
CITY-ST-ZIP	ARMONK, NY 10504	
TITLE	PCED	<input checked="" type="checkbox"/> Delete
NAME	STROUP, CHRIS C	
STREET ADDRESS	175 KING STREET	
CITY-ST-ZIP	ARMONK, NY 10504	
TITLE	SVCF	<input type="checkbox"/> Delete
NAME	ECKERT, RAYMOND A	
STREET ADDRESS	175 KING STREET	
CITY-ST-ZIP	ARMONK, NY 10504	
TITLE	S	<input type="checkbox"/> Delete
NAME	HARRIGAN, PATRICIA D	
STREET ADDRESS	175 KING STREET	
CITY-ST-ZIP	ARMONK, NY 10504	
TITLE	AS	<input type="checkbox"/> Delete
NAME	LEMON, MARK D	
STREET ADDRESS	1700 MAGNAVOX WAY	
CITY-ST-ZIP	FORT WAYNE, IN 46804	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CEOD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	W. Weldon Wilson	
STREET ADDRESS	175 King Street	
CITY-ST-ZIP	Armonk, NY 10504	
TITLE	PResident	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Neal E. Arnold	
STREET ADDRESS	1700 Magnavox Way	
CITY-ST-ZIP	Fort Wayne, IN 46804	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_ **1/7/2004** **877/794-7773**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #  
**Raymond A. Eckert, Sr. VP & CFO**

Attachment  
2405256

FORT WAYNE INTERMEDIARIES, INC. # 856567

**OFFICERS**

Jacques E. Dubois  
Chairman  
175 King Street  
Armonk, NY 10504

W. Weldon Wilson  
Chief Executive Officer  
175 King Street  
Armonk, NY 10504

Raymond A. Eckert  
Senior Vice President and  
Chief Financial Officer  
175 King St., NY 10504

Thomas J. Brunnegraff  
Vice President  
175 King Street  
Armonk, NY 10504

James B. Keller  
Vice President  
1700 Magnavox Way  
Fort Wayne, IN 46804

Donna McCabe  
Vice President  
175 King Street  
Armonk, NY 10504

Raymond L. Prosser  
Vice President  
1700 Magnavox Way  
Fort Wayne, IN 46804

Mark R. Sarlitto  
Vice President &  
General Counsel  
175 King Street  
Armonk, NY 10504

Thomas E. Skillman  
Vice President  
1700 Magnavox Way  
Fort Wayne, IN 46804

Patricia D. Harrigan  
Secretary  
175 King Street  
Armonk, NY 10504

Margaret Ashbridge  
Assistant Secretary  
1700 Magnavox Way  
Fort Wayne, IN 46804

Elissa B. Kenny  
Assistant Secretary  
175 King Street  
Armonk, NY 10504 175 King St

Elena I. Gilev  
Assistant Secretary  
1700 Magnavox Way  
Fort Wayne, IN 46804

Mark D. Lemon  
Assistant Secretary  
1700 Magnavox Way  
Fort Wayne, IN 46804

Lydia Gobrogge  
Assistant Treasurer  
1700 Magnavox Way  
Fort Wayne, IN 46804

**Directors**

Jacques E. Dubois  
175 King Street  
Armonk, NY 10504

Neal E. Arnold  
1700 Magnavox Way  
Fort Wayne, IN 46804

Raymond A. Eckert  
175 King Street  
Armonk, NY 10504

Stephen R. McArthur  
175 King Street  
Armonk, NY 10504

W. Weldon Wilson  
175 King Street  
Armonk, NY 10504