

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2005 8:00 am
Secretary of State

02-01-2005 90028 044 ***150.00

DOCUMENT # 856567

1. Entity Name
FORT WAYNE INTERMEDIARIES, INC.



Principal Place of Business
ONE REINSURANCE PLACE
1700 MAGNAVOX WAY
FORT WAYNE, IN 46804 US

Mailing Address
P.O. BOX 7808
FORT WAYNE, IN 46801-7808 US

50009007



2. Principal Place of Business		3. Mailing Address		01122005	Chg-P	CR2E034 (10/03)
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For	
City & State		City & State		35-1547628	Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required	

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	VP	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SARLITTO, MARK R			NAME			
STREET ADDRESS	175 KING STREET			STREET ADDRESS			
CITY-ST-ZIP	ARMONK, NY 10504			CITY-ST-ZIP			
TITLE	CEOD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WILSON, W. WELDON			NAME			
STREET ADDRESS	175 KING STREET			STREET ADDRESS			
CITY-ST-ZIP	ARMONK, NY 10504			CITY-ST-ZIP			
TITLE	SVCF	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ECKERT, RAYMOND A			NAME			
STREET ADDRESS	175 KING STREET			STREET ADDRESS			
CITY-ST-ZIP	ARMONK, NY 10504			CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HARRIGAN, PATRICIA D			NAME			
STREET ADDRESS	175 KING STREET			STREET ADDRESS			
CITY-ST-ZIP	ARMONK, NY 10504			CITY-ST-ZIP			
TITLE	AS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LEMON, MARK D			NAME			
STREET ADDRESS	1700 MAGNAVOX WAY			STREET ADDRESS			
CITY-ST-ZIP	FORT WAYNE, IN 46804			CITY-ST-ZIP			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ARNOLD, NEAL E			NAME			
STREET ADDRESS	1700 MAGNAVOX WAY			STREET ADDRESS			
CITY-ST-ZIP	FORT WAYNE, IN 46804			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: _____ **Raymond A. Eckert** **1/12/05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

#856567
50009007

FORT WAYNE INTERMEDIARIES, INC.

OFFICERS

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

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

Neal A. Arnold
President
1700 Magnavox Way
Fort Wayne, IN 46804

Raymond A. Eckert
Sr. VP & CFO
175 King St.
Armonk, 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

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