

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 03, 2006 8:00 am**  
**Secretary of State**

02-03-2006 90012 033 \*\*\*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**



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

01202006 Chg-P CR2E034 (11/05)

City & State

4. FEI Number  
**35-1547628**

Applied For  
 Not Applicable

Zip Country Zip Country

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOD WILSON, W. WELDON 175 KING STREET ARMONK, NY 10504	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVCF ECKERT, RAYMOND A 175 KING STREET ARMONK, NY 10504	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HARRIGAN, PATRICIA D 175 KING STREET ARMONK, NY 10504	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS LEMON, MARK D 1700 MAGNAVOX WAY FORT WAYNE, IN 46804	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ARNOLD, NEAL E 1700 MAGNAVOX WAY FORT WAYNE, IN 46804	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP/D ARNOLD, NEAL E 1700 Magnavox Way Fort Wayne, IN 46804	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** \_\_\_\_\_ **Mark D. Lemon** 1/20/06 260/435-8655  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

# ATTACHMENT

# 856 567

40008397

## 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 E. Arnold  
Sr. Vice President  
1700 Magnavox Way  
Fort Wayne, IN 46804

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

Barry S. Stopler  
Vice President  
175 King Street  
Armonk, NY 10504

Raymond A. Eckert  
Sr. VP & CFO  
175 King St.  
Armonk, NY 10504

Patricia D. Harrigan  
Secretary, Acting General  
Counsel and 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

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

Carlos Ramos  
Assistant Secretary  
1700 Magnavox Way  
Fort Wayne, IN 46804

Michele A. Woodman  
Assistant Secretary  
150 King Street West  
Toronto, ON M5H 1J9  
Canada

### 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

W. Weldon Wilson  
175 King Street  
Armonk, NY 10504