


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 26, 2005 8:00 am**  
**Secretary of State**

04-26-2005 90162 004 \*\*\*150.00

|   |   |  |  |
|---|---|--|--|
| DOCUMENT # F0200000773  |   |                             |  |
| 1. Entity Name<br>NATIONAL FINANCIAL PARTNERS CORP.   |   |  |  |
| Principal Place of Business<br>787 7TH AVENUE, 49TH FLOOR<br>NEW YORK, NY 10019   |   | Mailing Address<br>787 7TH AVENUE, 49TH FLOOR<br>NEW YORK, NY 10019  |  |
| 2. Principal Place of Business  |   | 3. Mailing Address<br>470 NPP, 500W. Madison St  |  |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.<br>Suite 2400  |  |
| City & State  |   | City & State<br>Chicago, IL  |  |
| Zip   | Country   | Zip  | Country  |
|   |   | 60661  | USA  |
| 4. FEI Number<br>13-4029115   |   | Applied For<br><input type="checkbox"/> Not Applicable   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |   | \$8.75 Additional Fee Required   |  |
| 6. Name and Address of Current Registered Agent<br>C T CORPORATION SYSTEM<br>1200 SOUTH PINE ISLAND ROAD<br>PLANTATION, FL 33324  |   | 7. Name and Address of New Registered Agent  |  |
| Name  |   | Name   |  |
| Street Address (P.O. Box Number is Not Acceptable)  |   | Street Address (P.O. Box Number is Not Acceptable)   |  |
| City  |   | City   |  |
| FL  |   | Zip Code   |  |
| B. 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>   |   |  |  |
| FILE NOW!!! FEE IS \$150.00<br>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 |  |
| 10. OFFICERS AND DIRECTORS  |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  |  |
| TITLE   | PCEO <input type="checkbox"/> Delete              | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                |
| NAME  | BIBLIOWICZ, JESSICA                               | NAME   |  |
| STREET ADDRESS  | 787 7TH AVENUE, 49TH FLOOR 11 <sup>th</sup> Floor | STREET ADDRESS   |  |
| CITY-ST-ZIP   | NEW YORK, NY 10019                                | CITY-ST-ZIP  |  |
| TITLE   | VCFO <input type="checkbox"/> Delete              | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                |
| NAME  | BIDERMAN, MARK                                    | NAME   |  |
| STREET ADDRESS  | 787 7TH AVENUE, 49TH FLOOR 11 <sup>th</sup> Floor | STREET ADDRESS   |  |
| CITY-ST-ZIP   | NEW YORK, NY 10019                                | CITY-ST-ZIP  |  |
| TITLE   | V <input type="checkbox"/> Delete                 | TITLE  | SVP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  | PAULSON, RANDY                                    | NAME   | Olson, Stephanie Scherr  |
| STREET ADDRESS  | 787 7TH AVENUE, 49TH FLOOR                        | STREET ADDRESS   | 787 Seventh Ave, 11 <sup>th</sup> Floor  |
| CITY-ST-ZIP   | NEW YORK, NY 10019                                | CITY-ST-ZIP  | New York, NY 10019   |
| TITLE   | V <input type="checkbox"/> Delete                 | TITLE  | V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition   |
| NAME  | GOLDBERG, GERALD                                  | NAME   | Lieser, Lori M.  |
| STREET ADDRESS  | 787 7TH AVENUE, 49TH FLOOR                        | STREET ADDRESS   | 500 W. Madison St, Ste 2400  |
| CITY-ST-ZIP   | NEW YORK, NY 10019                                | CITY-ST-ZIP  | Chicago, IL 60661  |
| TITLE   | EUP <input type="checkbox"/> Delete               | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                |
| NAME  | HOLTZ, ELLIOT                                     | NAME   |  |
| STREET ADDRESS  | 787 7TH AVENUE, 49TH FLOOR 11 <sup>th</sup> Floor | STREET ADDRESS   |  |
| CITY-ST-ZIP   | NEW YORK, NY 10019                                | CITY-ST-ZIP  |  |
| TITLE   | V <input type="checkbox"/> Delete                 | TITLE  | V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition   |
| NAME  | BECUE, MARK                                       | NAME   | Hinkson, Malika  |
| STREET ADDRESS  | 787 7TH AVENUE, 49TH FLOOR                        | STREET ADDRESS   | 787 Seventh Ave, 11 <sup>th</sup> Floor  |
| CITY-ST-ZIP   | NEW YORK, NY 10019                                | CITY-ST-ZIP  | New York, NY 10019   |
| 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: <u>Lori M. Lieser</u>  |   | Date: <u>4-21-05</u> Daytime Phone #: <u>30985-5100</u>  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |   | Date Daytime Phone #   |  |