## **FILED** May 06, 2000 8:00 am Secretary of State 05-06-2000 90236 001 \*\*\*600.00

2000 UNIFORM BUSINESS REPORT (U	BR
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Holly Gay Young

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF

Mailing Address

## DOCUMENT # **F94000002505**1. Entity Name

SIGNATURE:

Principal Place of Business

WILLIS	FABER	NORTH	AMERICA,	INC.
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STREET PLAZA C/O LEGAL DEPARTMENT  FLOOR WILLIS FABER. P.O. BOX 2500  FYORK NY 10005 STONEY CREEK NC 27377-2500  US					I INDINON NIKE NAMENDAN TURK TURK DA		II 881 21511 <b>221</b> 8	1 <b>1</b> 111 1 <b>11</b> 5		
2. Principal Place of Business		3. Mailing Address 26 Century Boulevard								
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	37			DO NOT W	RITE IN THIS SI	PACE		
		Attn: Hölly Gay Young				El Number 40 4000		I I Ani	plied For	
City & State	•	Nashville, TN 372145			4. '	13-19802	09		Applicable	
Zip	Country	Zip Zip	<u> </u>					8.75 Add		
2.10	Country	p		USA_	5. (	Certificate of Status Desired		Fee Required		
	6. Name and Address of Current R	egistered Agent		ļ <u> </u>	7. N	Name and Address of New	Registered A	gent		
				Name						
C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD.			Street Address (P.O. Box Number is Not Acceptable)							
PLAN	TATION FL 33324						_			
				City			FL	Zip Code	)	
O The choice	named entity submits this statement for	the purpose of changing its	ragister	ed office or r	registered an	ent or both in the State of	Florida.	<u>.                                    </u>		
a. The above	named entity submits this statement for	the purpose of changing its	register	ed dilice of i	cgisteres ag	ont, or boar, in the state of	i ionaa.			
OLONIATURE									ļ	
SIGNATURE _	Signature, typed or printed name of registered agent an	d title if applicable (NOTE	. Registere	d Agent signature	e required when re	einstating)	DATE			
Tax filing re	oration is eligible to satisfy its Intangible equirement and elects to do so. la on back)	FILE NOW! After MAY 1, 20 Make Check Payab	00 Fee	will be \$55	50.00	10. Election Campaign Trust Fund Contribu	~~		May Be to Fees	
11.	OFFICERS AND D	DIRECTORS	12.		AD	DITIONS/CHANGES TO O	FFICERS AND	DIRECTORS	S IN 11	
TITLE	C	☐ Delete	TITL	E	_		<u>.</u>	☐ Change	☐ Addition	
NAME	PRUITT, PETER T		NAM	E .						
STREET ADDRESS	ORESS 4TH FLOOR WALL STREET PLAZA			ET ADDRESS						
CITY-ST-ZIP	NEW YORK NY 10005		CITY	-ST-ZIP						
TITLE	T	☐ Delete	TITL	1				☐ Change	☐ Addition	
NAME	MOONEY, C. WILLIAM		NAM	J						
STREET ADDRESS	26 CENTURY BLVD.			ET ADDRESS -ST-ZIP						
CITY-ST-ZIP	NASHVILLE TN 37214			+				☐ Change	Addition	
TITLE	s Young, Holly G	☐ Delete	TITL NAM					Ghange	Addition	
NAME STREET ADDRESS (	26 CENTURY BLVD.			ET ADDRESS						
CITY-ST-ZIP	NASHVILLE TN 37214			-ST-ZIP						
TITLE	EVP	X Delete	TITL	E	CEO/Ch	nairman/Directo	r	☐ Change	X Addition	
NAME	CASHIN, JOHN R		NAM		George	P. Reeth, JR.				
STREET ADDRESS	458 THIRD STREET		STR	ET ADDRESS		Street Plaza 4	th Floor	:		
CITY-ST-ZIP	BROOKLYN NY 11215		CITY	-ST-ZIP	New Yo	ork, NY 10005				
TITLE	D	☐ Delete T		E				Change	☐ Addition	
NAME	PINKSTON, KENNETH H	STON, KENNETH H		ΙĒ						
STREET ADDRESS	1170 HAVEELIO RIBGE DITTE			EET ADDRESS						
CITY-ST-ZIP	NASHVILLE TN 37220		CITY	-ST-ZIP						
TITLE	VP	X Delete	TITL			ice President		Change	X Addition	
NAME	HAYES, DEBORAH K		IE		R. Schwartz	-				
STREET ADDRESS	1010 HOOGELE ONIOLE			ET ADDRESS		ntury Boulevard				
CITY-ST-ZIP	NASHVILLE TN 37214			-ST-ZIP		111e, TN 37214	14 11 11	f (1 - 4 N '-		
indicated of the con	ertify that the information supplied with to this report or supplemental report is poration or the receiver or trustee empore or on an attachment with an address, w	true and accurate and that n wered to execute this report	ny signa as tequi	ture shall ha	ive the same	legal effect as if made und	er oatn; that i ar	n an onicer	or director.	

5/01/00

615 872-4415

Daytime Phone #