FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

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95 MAY -1 PM 1:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

1. Corporation Name
SBHU LIFE AGENCY, INC.

DOCUMENT #
839493 (4)

200001491752
-05/17/95--01140--014
DO NOT ***200.00 SP ***200.00

Mailing Address
~~333 WEST 34TH STREET~~
~~ATTN: TAX DEPT. 2ND FLOOR~~
~~NEW YORK, NY 10001~~

Principal Place of Business
~~333 WEST 34TH STREET~~
~~ATTN: TAX DEPT. 2ND FLOOR~~
~~NEW YORK, NY 10001~~

If above addresses are incorrect in any way, line through incorrect information and enter correction below

3. Date Incorporated or Qualified: 11/07/1977
3a. Date of Last Report: 04/22/1994

2. Mailing Address
21: 250 West St
22 Suite, Apt. #, etc: Tax Dept. 9th Fl.
23 City & State: New York, NY
24 Zip: 10013 25 Country:

2a. Principal Place of Business
26: 388 Greenwich St
27 Suite, Apt. #, etc:
28 City & State: New York, NY
29 Zip: 10013 30 Country:

4. FEI Number: 13-2896238 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired $8.75 Additional Fee ☐

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

7. Nonprofit Exempt from $138.75 Supplemental Fee ☐

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505 or 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
(Required Agent Acceptance Appointment; NOT Required Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	V/P	11 TITLE	V/P/D
12 NAME	MARYNOWSKI, STEPHEN T	12 NAME	Stephen Marynowski
13 STREET ADDRESS	148 KIMBALL AVE	13 STREET ADDRESS	388 Greenwich St
14 CITY ST ZIP	YONKERS NY	14 CITY ST ZIP	New York, NY 10013
21 TITLE	P	21 TITLE	
22 NAME	BROCKELMAN, CURTIS F	22 NAME	Laura Pantaleo
23 STREET ADDRESS	PERCH BAY RD	23 STREET ADDRESS	388 Greenwich St.
24 CITY ST ZIP	WACCABUC NY	24 CITY ST ZIP	New York, NY 10013
31 TITLE	D	31 TITLE	T
32 NAME	TREADWAY, STEPHEN J	32 NAME	Michael J. Day
33 STREET ADDRESS	7 GREENVILLE RD	33 STREET ADDRESS	388 Greenwich St.
34 CITY ST ZIP	SCARSDALE NY	34 CITY ST ZIP	New York, NY 10013
41 TITLE	V/P	41 TITLE	A/T
42 NAME	COFFEY, PETER M	42 NAME	Lee Grokman
43 STREET ADDRESS	42 FROG POND CT	43 STREET ADDRESS	250 West St
44 CITY ST ZIP	HUNTINGTON NY	44 CITY ST ZIP	New York, NY 10013
51 TITLE	V/P	51 TITLE	S
52 NAME	CARPIEN, JANNET S	52 NAME	A. George Saks
53 STREET ADDRESS	3825 BEECHER ST	53 STREET ADDRESS	388 Greenwich St
54 CITY ST ZIP	WASHINGTON DC	54 CITY ST ZIP	New York, NY 10013
61 TITLE	V/P	61 TITLE	V/P
62 NAME	PIGNONE, RICHARD	62 NAME	Lynnette Martin
63 STREET ADDRESS	74 FERWORD DR	63 STREET ADDRESS	388 Greenwich St
64 CITY ST ZIP	GUILFORD CT	64 CITY ST ZIP	New York, NY 10013

14. I/We hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I/we also authorize the Division of Corporations from any liability of non compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes; 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X L Grokman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lee Grokman April 28, 1995
Asst. Treasurer
(Date) (Corporate Position)