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Apr 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P24431** **(9)**

1. Corporation Name
NATIONAL MARINE UNDERWRITERS, INC.

Principal Place of Business	Mailing Address
410 SEVERN AVENUE SUITE 207 ANNAPOLIS MD 21403	410 SEVERN AVENUE SUITE 207 ANNAPOLIS MD 21403

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/22/1989

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (30)

4. FEI Number: 52-1337983 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MCDONALD, DAVID
MCDONALD & MCDONALD
1393 S.W. FIRST STREET, SUITE 200
MIAMI FL 33135

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, 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, Florida Statutes.

SIGNATURE: David McDonald — April 13, 1998
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BEACHLEY, FRANK		1.2 NAME		
STREET ADDRESS	208 LIGHTHOUSE VIEW DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	STEVENSONVILLE MD		1.4 CITY-ST-ZIP		
TITLE	VTD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	ROBINSON, ROBERT		2.2 NAME		
STREET ADDRESS	23 UPSHUR		2.3 STREET ADDRESS		
CITY-ST-ZIP	ANNAPOLIS MD		2.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	INGLIS, JAY		3.2 NAME		
STREET ADDRESS	28 WILLOW		3.3 STREET ADDRESS		
CITY-ST-ZIP	BROOKLYN HEIGHTS NY		3.4 CITY-ST-ZIP		
TITLE	AS	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	COGAR, JACQUELINE A.		4.2 NAME		
STREET ADDRESS	526 WINTERSWEET CT		4.3 STREET ADDRESS		
CITY-ST-ZIP	ANNAPOLIS MD		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	HOLT, J. WILLIAM		5.2 NAME		
STREET ADDRESS	1100 RAHWAY ROAD		5.3 STREET ADDRESS		
CITY-ST-ZIP	PLANIFIELD NJ		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (10/97)

14. 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 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 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 4/12/98 410-268-8100