

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 839493

Entity Name: SBHU LIFE AGENCY, INC.**Current Principal Place of Business:**1585 BROADWAY
NEW YORK, NY 10036**Current Mailing Address:**1585 BROADWAY
NEW YORK, NY 10036 US**FEI Number: 13-2896238****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title PRESIDENT, DIRECTOR
Name MARYNOWSKI, STEPHEN T.
Address 1585 BROADWAY
City-State-Zip: NEW YORK NY 10036

Title TREASURER
Name CASSIDY, KAREN A.
Address 1585 BROADWAY
City-State-Zip: NEW YORK NY 10036

Title SECRETARY, DIRECTOR
Name FITZPATRICK, DANIEL J.
Address 1585 BROADWAY
City-State-Zip: NEW YORK NY 10036

Title ASSISTANT SECRETARY
Name GUTH, AARON
Address 1585 BROADWAY
City-State-Zip: NEW YORK NY 10036

Title DIRECTOR
Name PICONE, , JOHN W.
Address 1585 BROADWAY
City-State-Zip: NEW YORK NY 10036

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: AARON GUTH**ASSISTANT SECRETARY 04/12/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date