

**2019 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 AND DIRECTOR, VP  
Name           YOUNIS, HANY  
Address        1585 BROADWAY  
City-State-Zip: NEW YORK NY 10036

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

Title            TREASURER  
Name           RIOS, ANITA  
Address        1585 BROADWAY  
City-State-Zip: NEW YORK NY 10036

Title            DIRECTOR  
Name           TOLEDANO, JOSEPH  
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            VP  
Name           CASEY, EDWARD  
Address        1585 BROADWAY  
City-State-Zip: NEW YORK NY 10036

Title            VP  
Name           COHODES, DAVID  
Address        1585 BROADWAY  
City-State-Zip: NEW YORK NY 10036

Title            VP  
Name           DESALU-DOTTIN, RONKE  
Address        1585 BROADWAY  
City-State-Zip: NEW YORK NY 10036

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*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    03/18/2019**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title VP  
Name PROCOPIO, ROCKY JR.  
Address 1585 BROADWAY  
City-State-Zip: NEW YORK NY 10036

Title VP  
Name MEHTA, TUSHAR  
Address 1585 BROADWAY  
City-State-Zip: NEW YORK NY 10036

Title VP  
Name OHLE, PAM  
Address 1585 BROADWAY  
City-State-Zip: NEW YORK NY 10036

Title VP  
Name RATNARAJAH, DAVID  
Address 1585 BROADWAY  
City-State-Zip: NEW YORK NY 10036

Title VP  
Name KELLER, JEFFREY  
Address 1585 BROADWAY  
City-State-Zip: NEW YORK NY 10036

Title VP  
Name O'CONNOR, EDWARD P.  
Address 1585 BROADWAY  
City-State-Zip: NEW YORK NY 10036

Title VP  
Name PALLADINO, LOUIS A. JR.  
Address 1585 BROADWAY  
City-State-Zip: NEW YORK NY 10036

Title VP  
Name RUBIN, ROBERT M.  
Address 1585 BROADWAY  
City-State-Zip: NEW YORK NY 10036