

**2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F94000006330

**Entity Name:** STARR MARINE AGENCY, INC.

**Current Principal Place of Business:**

399 PARK AVENUE  
9TH FLOOR  
NEW YORK, NY 10022

**FILED**  
**Apr 10, 2018**  
**Secretary of State**  
**CC8290489276**

**Current Mailing Address:**

399 PARK AVENUE  
9TH FLOOR  
NEW YORK, NY 10022 US

**FEI Number: 13-5512070**

**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 DIRECTOR, PRESIDENT  
Name FRENCH, DAVID S.  
Address FLOOR, 9,399 PARK AVENUE  
City-State-Zip: NEW YORK NY 10022

Title DIRECTOR  
Name SHAAK, RICHARD N.  
Address FLOOR, 9,399 PARK AVENUE  
City-State-Zip: NEW YORK NY 10022

Title EXECUTIVE VICE PRESIDENT  
Name CAPOZZOLI, CHARLES D.  
Address 399 PARK AVENUE,9TH FLOOR  
City-State-Zip: NEW YORK NY 10022

Title SENIOR VICE PRESIDENT  
Name FRASER, COLIN  
Address 399 PARK AVENUE,9TH FLOOR  
City-State-Zip: NEW YORK NY 10022

Title SENIOR VICE PRESIDENT,  
COMPTROLLER  
Name WILSON, WILLIAMS, JENNIFER  
Address FLOOR, 9,399 PARK AVENUE  
City-State-Zip: NEW YORK NY 10022

Title VP  
Name LANG, WILLIAM E.  
Address 399 PARK AVENUE,9TH FLOOR  
City-State-Zip: NEW YORK NY 10022

Title SECRETARY  
Name MURRAY, JULIE  
Address 399 PARK AVENUE,8TH FLOOR  
City-State-Zip: NEW YORK NY 10022

Title ASSISTANT VICE PRESIDENT  
Name BURGESS, DEVIN  
Address 399 PARK AVENUE, 2ND FLOOR  
City-State-Zip: NEW YORK NY 10022

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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: JULIE MURRAY**

**SECRETARY**

**04/10/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            BLAKEY, STEVEN G.  
Address        399 PARK AVENUE, 2ND FLOOR  
City-State-Zip: NEW YORK NY 10022