

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**

**May 11 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 533356 (2)**  
 1. Corporation Name  
**ARTHUR J. GALLAGHER & CO. (FLORIDA)**



Principal Place of Business 8355 NW 53 ST C/O PRENTICE-HALL CORPORATION SYSTEM, INC. MIAMI FL 33186 US	Mailing Address TWO PIERCE PLACE C/O PRENTICE-HALL CORPORATION SYSTEM, INC. ITASCA IL 60143-3141 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>05/06/1977</b>	
21 8300 N.W. 53RD STREET	26 TWO PIERCE PLACE, ATTN: CORP. TAX	4. FEI Number <b>59-1743669</b>		Applied For <input type="checkbox"/> Not Applicable	
22 SUITE #, etc	27 SUITE #, etc	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23 MIAMI, FL	28 ITASCA, IL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24 33166	25 USA	29 60142		30 USA	
g. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

**PRENTICE-HALL CORPORATION SYSTEM, INC.  
 110 NORTH MAGNOLIA STREET  
 TALLAHASSEE FL 32301**

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

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE VP	<input type="checkbox"/> DELETE	1.1 TITLE VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CLOHERTY, MICHAEL J		1.2 NAME	
STREET ADDRESS TWO PIERCE PLACE		1.3 STREET ADDRESS	
CITY-ST-ZIP ITASCA IL		1.4 CITY-ST-ZIP	
TITLE ASVP	<input type="checkbox"/> DELETE	2.1 TITLE AP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WILLIAMS, JOSEPH G		2.2 NAME JOSEPH BERNARD, JR.	
STREET ADDRESS 8300 NW 53RD STREET, #350		2.3 STREET ADDRESS 8310 NW 53RD ST., SUITE 350	
CITY-ST-ZIP MIAMI FL		2.4 CITY-ST-ZIP MIAMI, FL 33166	
TITLE P	<input type="checkbox"/> DELETE	3.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GALLAGHER JR, J P		3.2 NAME	
STREET ADDRESS TWO PIERCE PLACE		3.3 STREET ADDRESS	
CITY-ST-ZIP ITASCA IL		3.4 CITY-ST-ZIP	
TITLE T	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STRAUCH, MARK P.		4.2 NAME	
STREET ADDRESS TWO PIERCE PLACE		4.3 STREET ADDRESS	
CITY-ST-ZIP ITASCA IL		4.4 CITY-ST-ZIP	
TITLE S	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FASIG, CARL E.		5.2 NAME	
STREET ADDRESS TWO PIERCE PLACE		5.3 STREET ADDRESS	
CITY-ST-ZIP ITASCA IL		5.4 CITY-ST-ZIP	
TITLE VP	<input type="checkbox"/> DELETE	6.1 TITLE VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME VAN DER VOORT, GARY M		6.2 NAME	
STREET ADDRESS TWO PIERCE PLACE		6.3 STREET ADDRESS	
CITY-ST-ZIP ITASCA IL		6.4 CITY-ST-ZIP	

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]* 4-27-98 630-773-3800  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0503247

CR2E034 (10/97)

**ARTHUR J. GALLAGHER & CO. (FLORIDA)**

**Incorporated :** Florida  
**Date :** 05/06/77  
**% Ownership :** 100% Arthur J. Gallagher & Co.  
**Federal ID # :** 59-1743669

**CAPITAL STOCK:**

**Common**

**Price/Par Value: \$1.00**

**Authorized: 1,000**  
**Outstanding: 1,000**

**DIRECTORS:**

Michael J. Cloherty	Director
J. Patrick Gallagher, Jr.	Director
Gary M. Van der Voort	Director

**OFFICERS:**

J. Patrick Gallagher, Jr.	President
Joseph Besnard, Jr.	Area President
Gregory Butterfield	Area President
David L. Marcus	Area President
Glenn R. Tobey	Area President
Michael J. Cloherty	Vice President - Finance
John C. Rosengren	Vice President and General Counsel
David R. Long	Vice President
Gary M. Van der Voort	Vice President
Antonio B. Abella	Area Senior Vice President
Donald Miller	Area Senior Vice President
Brian P. McPartland	Area Vice President
Nayla Zacur	Area Vice President
Mark P. Strauch	Treasurer
Jack H. Lazzaro	Controller
Andres Santa	Area Controller
Carl E. Fasig	Secretary
Christine D. Greb	Assistant Secretary

**Purpose of Business:**

**Insurance Agency and Brokerage**

**Primary Address:**

**Koger Executive Center  
8300 N.W. 53rd Street, Suite 350  
Miami, FL 33166**