
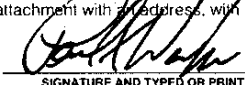


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90110 010 ***150.00

DOCUMENT # 533356 1. Entity Name ARTHUR J. GALLAGHER & CO. (FLORIDA)					
Principal Place of Business 8200 NW 41ST SUITE 200 MIAMI, FL 33166 US			Mailing Address TWO PIERCE PL 23 FL ITASCA, IL 60142 US		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
4. FEI Number 59-1743669				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PRENTICE-HALL CORPORATION SYSTEM, INC. 110 NORTH MAGNOLIA STREET TALLAHASSEE, FL 32301			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD ROSENGREN, JOHN C TWO PIERCE PLACE ITASCA, IL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/Sec Itasca, IL 60143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AP LISTON, JOHN J 8200 NW 41ST STE 200 MIAMI, FL 33166	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GAULT, JAMES S TWO PIERCE PLACE ITASCA, IL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LAZZARO, JACK TWO PIERCE PLACE ITASCA, IL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jack H Lazzaro Itasca, IL 60143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LONG, DAVID R TWO PIERCE PLACE ITASCA, IL 60143	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP-Tax Paul F. Wasikowski Two Pierce Place Itasca, IL 60143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARCUS, DAVID L TWO PIERCE PLACE ITASCA, IL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  Paul F Wasikowski 4-9-05 630-773-3800 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

ARTHUR J. GALLAGHER & CO. (FLORIDA)

Thomas M. Wilde
Antonio L. Abella
Susana M. Ainsztein
Judith A. Arenz
Michelle I. Barrow
Cynthia N. Bonds
Lisabet Rodriguez
Randi L. Watson
Michele L. Schaare
John C. Rosengren
Jack H. Lazzaro
Richard C. Cary
Christine D. Greb

Area Vice President
Area Asst. Vice President
Area Asst. Vice President
Area Asst. Vice President
Area Asst. Vice President
Area Asst. Vice President
Area Asst. Vice President
Area Asst. Vice President
Area Asst. Branch Manager
Secretary
Treasurer
Controller
Assistant Secretary

ATTACHMENT

#5333.578

20034641

Purpose of Business:

Insurance Agency and Brokerage

Primary Address:

8200 N.W. 41st Street, Suite 200
Miami, FL 33166