

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 01, 2001 8:00 am
Secretary of State

03-01-2001 90044 014 ***150.00

DOCUMENT # 824539

1. Entity Name
GUY CARPENTER & COMPANY

Principal Place of Business
ATTN: JILL G. OLONOFF
TWO WORLD TRADE CENTER
NEW YORK NY 10048

Mailing Address
ATTN: JILL G. OLONOFF
TWO WORLD TRADE CENTER
NEW YORK NY 10048



DO NOT WRITE IN THIS SPACE

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 13-4985720

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE SVP
NAME OLONOFF, JILL G. ☐ Delete
STREET ADDRESS % 2 WORLD TRADE CENTER
CITY-ST-ZIP NEW YORK NY

TITLE SVP
NAME CADY, MICHAEL S. ☐ Delete
STREET ADDRESS % 2 WORLD TRADE CENTER
CITY-ST-ZIP NEW YORK NY

TITLE CEO
NAME BLUM, RICHARD H. ☒ Delete
STREET ADDRESS % 2 WORLD TRADE CENTER
CITY-ST-ZIP NEW YORK NY

TITLE PD
NAME WAKEFIELD, G. H. C ☒ Delete
STREET ADDRESS % 2 WORLD TRADE CENTER
CITY-ST-ZIP NEW YORK NY

TITLE AVP
NAME WONG, DANNY ☐ Delete
STREET ADDRESS % TWO WORLD TRADE CENTER
CITY-ST-ZIP NEW YORK NY 10048

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VICE PRESIDENT ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)