

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 824539

1. Entity Name
GUY CARPENTER & COMPANY



FILED

04 NOV 15 PM 3: 55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
C/O DANNY WONG
114 WEST 47TH STREET
NEW YORK, NY 10036

Mailing Address
C/O DANNY WONG
114 WEST 47TH STREET
NEW YORK, NY 10036



2. Principal Place of Business
121 RIVER STREET

3. Mailing Address
121 RIVER STREET

Suite, Apt. #, etc.
5th FLOOR

Suite, Apt. #, etc.
TAX DEPT. - 5th FL.

City & State
HOBOKEN, NJ

City & State
HOBOKEN, NJ

Zip
07030

Country

Zip
07030

Country

10292004 REIN-P CR2E098 (6/04)

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

200042751922
11/15/04--01051--017 **150.00

FILE NOW!!! FEE IS \$150.00

After January 1, 2005, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	OLONOFF, JILL G.	
STREET ADDRESS	114 WEST 47TH STREET	
CITY-ST-ZIP	NEW YORK, NY 10036	
TITLE	AVP	<input checked="" type="checkbox"/> Delete
NAME	ACETI, SANDRA	
STREET ADDRESS	324 WATSON AVE	
CITY-ST-ZIP	LYNDHURST, NJ 07071	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	WONG, DANNY	
STREET ADDRESS	114 WEST 47TH STREET	
CITY-ST-ZIP	NEW YORK, NY 10036	
TITLE	AVP	<input checked="" type="checkbox"/> Delete
NAME	ADAMS, DOROTA	
STREET ADDRESS	1265 E WINGATE ST	
CITY-ST-ZIP	COVINA, CA 91724	
TITLE	VO	<input checked="" type="checkbox"/> Delete
NAME	ADAMUSIK, ALLYSON	
STREET ADDRESS	7 BAYVIEW CT	
CITY-ST-ZIP	LONG BRANCH, NJ 07740	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	ADLER, DONNA	
STREET ADDRESS	444 E 20TH ST #6C	
CITY-ST-ZIP	NEW YORK, NY 10009	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT/DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EDMUND MEGNA, JR.	
STREET ADDRESS	ONE MADISON AVE, 4th FL.	
CITY-ST-ZIP	NEW YORK, NY 10010	
TITLE	CEO/DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SALVATORE ZAFFINO	
STREET ADDRESS	ONE MADISON AVE., 4th FL.	
CITY-ST-ZIP	NEW YORK, NY 10010	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOSEPH GIGLIOTTI	
STREET ADDRESS	1166 AVE OF THE AMERICAS	
CITY-ST-ZIP	NEW YORK, NY 10036	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KEITH STANICK	
STREET ADDRESS	121 RIVER STREET, 5th FL.	
CITY-ST-ZIP	HOBOKEN, NJ 07030	
TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROGER SZAJNBARTEN	
STREET ADDRESS	1166 AVE OF THE AMERICAS	
CITY-ST-ZIP	NEW YORK, NY 10036	
TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MICHAEL BORIK	
STREET ADDRESS	ONE MADISON AVE, 4th FL.	
CITY-ST-ZIP	NEW YORK, NY 10010	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/05/04

Date

Daytime Phone #