2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # 825007** Feb 24, 2000 8:00 am **Secretary of State** THE YASUDA FIRE & MARINE INSURANCE COMPANY OF AM 02-24-2000 90046 046 ***150.00 Principal Place of Business Mailing Address TWO WORLD FINANCIAL CENTER, 43RD FLOOR TWO WORLD FINANCIAL CENTER, 43RD FLOOR 225 LIBERTY STREET 225 LIBERTY STREET NEW YORK NY 10281 NEW YORK NY 10281-1008 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 13-2554270 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent INSURANCE COMMISSIONER Street Address (P.O. Box Number is Not Acceptable) CAPITOL BLDG TALLAHASSEE FL 32301 Zip Code FL 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** DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. **SVPD** PDC Change Addition | TITLE Delete TITLE TOMONISA UNO 525 E. 72ND ST. , APT 26E NAME ALBRIGHT, LANCE NAME STREET ADDRESS STREET ADDRESS 3 WOODSIDE DRIVE CITY-ST-ZIP NEW YORK, NY 10021 CITY-ST-ZIP SPRINGFIELD NJ Change ☐ Addition ☐ Delete TITLE WILCHER, SUSAN NAME NAME STREET ADDRESS 1520 YORK AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **NEW YORK NY** Change ☐ Addition **AVP** ☐ Delete TITLE TITLE NAME CORTEZ, ARTURO NAME STREET ADDRESS 1900 SCREELAND DRIVE STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **BURBANK CA** ☐ Delete TITLE MCELROY, JOHN NAME NAME STREET ADDRESS **368 QUAKER CHURCH ROAD** STREET ADDRESS QUARRE FUCK CITY-ST-7IP CITY-ST-ZIP AND OF PH N RANDOLPH 0J ☐ Change ☐ Addition ☐ Delete TITLE SV TITLE NAME **DEVITO, ROBERT** NAME STREET ADDRESS STREET ADDRESS 500 E. 77TH ST., #914 CITY-ST-ZIP CITY-ST-7IP **NEW YORK NY** ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

JOHN J. McELROY

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR