

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

1995 MAY 25

DOCUMENT # 827575 (2)

1. Corporation Name

MARSH & MCLENNAN NATIONAL MARKETING CORPORATION

Principal Place of Business

Mailing Address

1166 AVENUE OF THE AMERICAS
31ST FLOOR
NEW YORK NY 10036

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31ST FLOOR
NEW YORK NY 10036

600001501036
-05/30/95--01024--016
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE

3. Date incorporated or organized	3a. Date of Last Report
03/02/1972	05/01/1994
4. FEI Number	Applied For Not Applicable
36-2671732	
5. Tax Status of Status (Desired)	\$8.75 Additional Fee Required
☐	
6. Election Campaign Financing Total Fund Contribution	\$5.00 May Be Added to Fees
☐	
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes.	☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21. Suite Apt. # etc.	26. Suite Apt. # etc.
22. City & State	27. City & State
23. City & State	28. City & State
24. City & State	29. City & State
25. City & State	30. City & State

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

11. Pursuant to the provisions of Sections 607.05(1) and 607.15(1), 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 this appointment as registered agent. I am familiar with and accept the obligations of Section 607.15(1), Florida Statutes.

SIGNATURE

Signature of Registered Agent or Director

Signature of Registered Agent or Director

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	TITLE	NAME
PD	MERCIER, CLAUDE	☐ Change ☐ Addition	
STREET ADDRESS	1166 AVE OF THE AMERICAS		
CITY, ST, ZIP	NEW YORK NY		
TITLE	NAME	☐ Change ☐ Addition	
EVP	GALLAGHER, WILLIAM P.		
STREET ADDRESS	1166 AVE OF THE AMERICAS		
CITY, ST, ZIP	NEW YORK NY		
TITLE	NAME	☒ Change ☐ Addition	
V	SANTORELLI, VINCENT C		
STREET ADDRESS	1166 AVE OF THE AMERICAS		
CITY, ST, ZIP	NEW YORK NY		
TITLE	NAME	☐ Change ☐ Addition	
V	FEICK, PHILIP J., JR.		
STREET ADDRESS	1166 AVE OF THE AMERICAS		
CITY, ST, ZIP	NEW YORK NY		
TITLE	NAME	☐ Change ☐ Addition	
S	ROMANOV, VICTOR		
STREET ADDRESS	1166 AVE OF THE AMERICAS		
CITY, ST, ZIP	NEW YORK NY		
TITLE	NAME	☐ Change ☐ Addition	
T	SCHLINGBAUM, JEFF		
STREET ADDRESS	1166 AVE OF THE AMERICAS		
CITY, ST, ZIP	NEW YORK NY		

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 113.07(3)(b), Florida Statutes. I further certify that the information submitted on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as a signature under oath. 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 on this filing. I understand that any change of name or address must be filed with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jeff Schlingbaum

4/24/95

(212) 345-4000