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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Morthach Secretary of State

1006

1	996	DIVISION OF C	ORPORATI	ONS					
DOCUN 1. Corporation		5 (2)							
MARSH	1 & MCLENNAN NATIONAL	MARKETING CORPO	RATION						
								H BORN BOOM !	
Principal Place of Business Mailing Address									
·		1166 AVENUE OF THE	AMEDICAS						
1166 AVENUE OF THE AMERICAS 31ST FLOOR		31ST FLOOR	31ST FLOOR						
NEW YORK I	VY 10036	NEW YORK NY 10036			ł	3. Date Incorporated or Qualified	3a. Date	of Last Rep	port
						03/02/1972	O!	5/25/199	<i>1</i> 5
2. Principal Plac	ce of Business	2a. Mailing Address				4. FEI Number			pplied For
Suite, Apt. #	elc	Suite, Apt. #, etc.				36-2671732			ot Applicable Additional
22	, 010.	27				5. Certificate of Status Desired			equired
City & State		Oity & State				6. Election Campaign Financing	————	\$5.00	May Be
23		28	r · · <del> ·</del> · ·			Trust Fund Contribution			to Fees
Zip <b>24</b>	Country 25	2φ. <b>29</b>	Country [ <b>30</b> ]	f	1	<ul> <li>B. This corporation has liability for in Florida Statutes ☐ Yes</li> </ul>		<unders 1<="" td=""><td>(99.032,</td></unders>	(99.032,
	9. Name and Address of Current	American control of the control of t	[30]		1	10. Name and Address of New Ro		gent	
		, , , , , , , , , , , , , , , , , , ,	81	Name	ļ				
CT CORPORATION SYSTEM				Street	Addres	s (P.O. Box Number is Not Acceptable	.e)		
	PINE ISLAND ROAD					· · · · · · · · · · · · · · · · · · ·			
PLANTA	TION FL 33324		83						
			84	City			FL	85 Zip	Code
11. Pursuant to	the provisions of Sections 607.0502 and agent, or both, in the State of Florida	ng 607.1508, Florida Statutes	the above	named c	corporati	on submits this statement for the puri		nging its re	gistered office
or registere familiar with	d agent, or both, in the State of Florida r, and accept the obligations of, Section	i. Such change was authorized ri 607.0505, Horida Statutes.	t by the con	ioration's	s board i	of directors. Thereby accept the appo	intment as i	registered a	agent. Lam
SIGNATURE									
12.	ligical are typed or printed harve of registered agent a OFFICERS AND		Hajadasa Aji	of Signature	- re-dissort M <sub>i</sub>	**************************************	DATE CERS AND	DIRECTOR	29 IN 12
TOTALE	PD			1 1 TITLE		ADDITIONS/OFFANGES TO GET		Change	Addition
NAME	MERCIER, CLAUDE		1.2 NAME						
STREET ADDRESS	1166 AVE OF THE AMERICAS		1.3 STREE	i address					
CITY - ST - ZIP	NEW YORK NY	T DELTE	1.4 Cily -	ST ZIO	- <del> </del>			7.05	
TITLE	EVP Gallagher,William P.	☐ DELETE	2 1 T-TLE 2 2 NAME				L	] Change	Addition
STREET ADDRESS	1166 AVE OF THE AMERICAS	•		L ADDRESS					
City - ST - ZIP	NEW YORK NY		2 4 CiTY-						
TITLE	<del>V-</del>	DELETE	3 1 7.TLF		1			] Change	Addition
NAME	SANTORELLI, VINCENT C	•	3.2 NAMÉ						
STREET ADDRESS	TWO WISCONSIN CIRCLE			.t address	\$				
CITY - ST - ZIP TITLE	CHEVY CHASE MD 20815	DELETE	3.4 CHY - 4.1 TIFLE	ST-ZIP	<del></del>		<del></del>	Change	Add-tion
NAME	FEICK, PHILIP J., JR.		4 2 NAME				9	Xo may	
STREET ADDRESS	1188 AVE OF THE AMERICAS	•	4.3 STREE	T ADDRESS	2	World Trade C	enter	_	
CITY - ST - ZIP	NEW YORK NY		4 4 CITY -	ST - ZIP	N	ew york, Ny	1004	8	
TITLE	S DOMESTICAL MOTOR	☐ DELETE	5 1 111LF			, , ,		] Change	Addition Addition
NAME CIRCEL ADORESS	ROMANOV, VICTOR	•	5.2 NAME	Lanconon					
STREET ADDRESS CITY-ST-ZIP	1166 AVE OF THE AMERICAS NEW YORK NY	•	5 3 STREE	LADDRESS St. 7:P					
TITLE	T	DELETE	6 ! TITLE	ان <u>ه -</u> درا	1	**************************************		Change	Addition
NAME	SCHLINGBAUM, JEFF		6.2 NAME				_	-	-
STREET ADDRESS	1166 AVE OF THE AMERICAS	•	6.3 STHEE	i address					
CITY - ST - ZIP	NEW YORK NY		6.4 CITY -	ST-7:P	1				

14. I do hereby certify that the information supplied with this fring is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 true 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 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNIFICAND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR JEFF Schlingbaum

(212) 345-4000