FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris Secretary of State

1999

DIVISION OF CORPORATIONS

DOCUMENT # 827575

1. Corporation Name

J&H MARCH & MCLENNAN PRIVATE CLIENT SERVICES, IN

Principal Place of Business	Mailing Address
1166 AVENUE OF THE AMERICAS	1166 AVENUE OF THE
31ST FLOOR	31ST FLOOR
NEW YORK NY 10036	NEW YORK NY 10036

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90205 042 ***150.00



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31ST FLC	NUE OF THE AMERICAS IOR IK NY 10036	31	1166 AVENUE OF THE AMERICAS 31ST FLOOR NEW YORK NY 10036			DO NOT WRITE IN THIS SPA	CE
						3. Date Incorporated or Qualifed 03/02/1972	
2. Princ	ipal Place of Business	2a	. Mailing Address			4. FEI Number	Applied For
21	,	26				36-2671732	Not Applical
	, Apt. #, etc.	27	Suite, Apt. #, etc.			5 Contiferts of Status Desired	3.75 Additional Fee Required
	& State	28	City & State	,		1 ' 1 ' 1 ' 1 ' 1 ' 1 ' 1 ' 1 ' 1 ' 1 '	5.00 May Be Added to Fees
Zip	Country 25	29	Zip Cou	ntry		8. This corporation owes the current year Intangib Personal Property Tax.	
	9. Name and Address of Curren					10. Name and Address of New Registered Agen	t
	CT CORPORATION SYSTEM			81	Name	·	
1200 S. PINE ISLAND ROAD			82	82 Street Address (P.O. Box Number is Not Acceptable)			
	PLANTATION FL 33324			83			
	•			84	City	FL 85	Zip Code

office or registered agent, or both, in the State of Florida. Such change was authorized by the corpora agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOT	E: Registered Agent signature required when reinstating) DATE
12.	OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD DELETE	1.1 TITLE Change Addition
NAME	MERCIER, CLAUDE	12 NAME PHILLIPS, A. DANIEL, JR.
STREET ADDRESS	1166 AVE OF THE AMERICAS	1.3 STREET ADDRESS 500 WEST MONROE STREET
CITY-ST-ZIP	NEW YORK NY	1.4 CITY-ST-ZIP CHICAGO, IL GOGGI
TITLE	EVP X DELETE	2.1 πn.E EVP □ Change ■ Addition
NAME	GALLAGHER, WILLIAM P.	22 NAME MIGLIACCIO, GUY R.
STREET ADDRESS	1166 AVE OF THE AMERICAS	2.3 STREET ADDRESS INCL AVE OF THE AMERICAS
CITY-ST-ZIP	NEW YORK NY	2.4 CITY-ST-ZIP NEW YORK, NY 10036
TITLE	V DELETE	3.1 TITLE b ☐ Change A ddition
NAME	FEICK, PHILIP J., JR.	32 NAME HOPKINS, THOMAS
STREET ADDRESS	2 WORLD TRADE CENTER	3.3 STREET ADDRESS INCL AVE OF THE AMERICAS
CITY-ST-ZIP	NEW YORK NY	34 CITY-ST-ZIP NEW YORK, NY 10036
TITLE	\$ DELETE	4.1 TITLE Change 12 Addition
NAME	O BRIEN, MARGARET	4.2 NAME
STREET ADDRESS	1166 AVE OF THE AMERICAS	4.3 STREET ADDRESS
CITY-ST-ZIP	NY NY	4.4 CITY-ST-ZIP
TITLE	T □ DELETE	5.1 TITLE Change Addition
NAME	SCHLINGBAUM, JEFF	5.2 NAME
STREET ADDRESS	1166 AVE OF THE AMERICAS	5.3 STREET ADDRESS
CITY-ST-ZIP	NEW YORK NY	5.4 CITY-ST-ZIP
TITLE	☐ DELETE	6.1 TITLE Change Addition
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS ,
CITY-ST-ZIP		6.4 CITY-ST-ZIP

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