

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 827575

1. Entity Name

J&H MARCH & MCLENNAN PRIVATE CLIENT SERVICES, IN

**FILED**  
**May 24, 2000 8:00 am**  
**Secretary of State**

05-24-2000 90054 035 \*\*\*150.00

Principal Place of Business Mailing Address  
 1166 AVENUE OF THE AMERICAS 1166 AVENUE OF THE AMERICAS  
 31ST FLOOR 31ST FLOOR  
 NEW YORK NY 10036 NEW YORK NY 10036-2708

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

36-2671732

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New 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

8. The above named entity is filing this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is electing to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	MERCIER, CLAUDE	
STREET ADDRESS	1166 AVE OF THE AMERICAS	
CITY-ST-ZIP	NEW YORK NY	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PHILLIPS, JR, A. DANIEL	
STREET ADDRESS	500 WEST MONROE STREET	
CITY-ST-ZIP	CHICAGO IL 60661	
TITLE	EVP	<input type="checkbox"/> Delete
NAME	MIGLIACCIO, GUY R	
STREET ADDRESS	1166 AVENUE OF THE AMERICAS	
CITY-ST-ZIP	NEW YORK NY 10036	
TITLE	S	<input type="checkbox"/> Delete
NAME	O BRIEN, MARGARET	
STREET ADDRESS	1166 AVE OF THE AMERICAS	
CITY-ST-ZIP	NY NY	
TITLE	T	<input type="checkbox"/> Delete
NAME	SCHLINGBAUM, JEFF	
STREET ADDRESS	1166 AVE OF THE AMERICAS	
CITY-ST-ZIP	NEW YORK NY	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOPKINS, THOMAS	
STREET ADDRESS	1166 AVENUE OF THE AMERICAS	
CITY-ST-ZIP	NEW YORK NY 10036	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 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

SCHLINGBAUM / TREASURER 4/28/00

Date

Daytime Phone #

CR2E034 (9/99)