2001 UNIFORM BUSINESS REPORT (UBR)

Apr 25, 2001 8:00 am Secretary of State DOCUMENT # 827575 1. Entity Name J&H MARCH & MCLENNAN PRIVATE CLIENT SERVICES, 🔀 4-25-2001 90176 006 ***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 2. Principal Place of Business 3. Mailing Address 1166 AVE OF THE AMERICAS 1166 AVE OF THE AMERICAS Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 36-2671732 NEW YORK NEW YORK Not Applicable . Country Country \$8.75 Additional 5. Certificate of Status Desired 10036 Fee Required 10036 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 City Zip Code 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, typod or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating DATE 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, 2001 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 11. OFFICERS AND DIRECTORS 12. PD Change Addition ☐ Delete TIT1 F TITLE NAME NAME MERCIER, CLAUDE STREET ADDRESS STREET ADDRESS 1166 AVE OF THE AMERICAS CITY-ST-ZIP CITY-ST-ZIP **NEW YORK NY** Addition TITLE X Delete TITLE BR AVO SANDRA NAME PHILLIPS, JR. A. DANIEL NAME OF THE AMERICAS 1166 AVE STREET ADDRESS STREET ADDRESS 500 WEST MONROE STREET 10036 NEW YORK, NY CITY-ST-7IP CITY-ST-ZIP CHICAGO IL 60661 ☐ Change X Addition TITLE TITLE Delete KAREN HORN MIGLIACCIO, GUY R MAME NAME AVE OF THE AMERICAS STREET ADDRESS STREET ADDRESS 1166 1166 AVENUE OF THE AMERICAS CITY-ST-ZIP CITY-ST-ZIP **NEW YORK NY 10036** Change noitibb ☐ Delete TITLE TITLE NAME NAME O BRIEN, MARGARET STREET ADDRESS STREET ADDRESS 1166 AVE OF THE AMERICAS CITY-ST-ZIP CITY-ST-ZIP NY NY Change Addition ☐ Delete TITLE TITLE NAME NAME SCHLINGBAUM, JEFF STREET ADDRESS STREET ADDRESS 1166 AVE OF THE AMERICAS CITY-ST-ZIP CITY-ST-7IP NEW YORK NY Addition Change ☐ Delete TITLE TITLE NAME NAME HOPKINS, THOMAS STREET ADDRESS STREET ADDRESS

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

CITY-ST-ZIP

SIGNATURE:

1166 AVENUE OF THE AMERICAS

NEW YORK NY 10036

JEFF SCHLINGBAUM RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TREASURER

5/01

FILED

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Daytime Phone #