

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2002 8:00 am
Secretary of State

03-14-2002 90007 012 ***150.00

0001000
 AV

DOCUMENT # 827575

1. Entity Name
J&H MARCH & MCLENNAN PRIVATE CLIENT SERVICES, IN C.

Principal Place of Business
**1166 AVE OF THE AMERICAS
 NEW YORK NY 10036**

Mailing Address
**1166 AVENUE OF THE AMERICAS
 34ST FLOOR
 NEW YORK NY 10036**



2. Principal Place of Business

3. Mailing Address

1166 Avenue of the Americas

Suite, Apt. #, etc.

Suite, Apt. #, etc.

11th Floor

DO NOT WRITE IN THIS SPACE

City & State

City & State

New York, NY 10036

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 submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible 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, 2002 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. REMOVE FROM OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**PD
 MERCIER, CLAUDE
 1166 AVE OF THE AMERICAS
 NEW YORK NY** ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**PRESIDENT/Director
 KIRKE DORWEILER
 176 WEST LAKES PKWY
 WEST DES MOINES, IA 50398** ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**D
 BRAVO, SANDRA
 1166 AVE OF THE AMERICAS
 NEW YORK NY 10036** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**DIRECTOR
 Joseph Salerno
 1166 Avenue of the Americas, NY, NY 10036** ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**D
 HORN, KAREN
 1166 AVENUE OF THE AMERICAS
 NEW YORK NY 10036** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**S
 O BRIEN, MARGARET
 1166 AVE OF THE AMERICAS
 NY NY** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**T
 SCHLINGBAUM, JEFF
 1166 AVE OF THE AMERICAS
 NEW YORK NY** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**D
 HOPKINS, THOMAS
 1166 AVENUE OF THE AMERICAS
 NEW YORK NY 10036** ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jeff Schlingbaum

3/1/02
 Daytime Phone #

CR2E034 (9/01)