

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 839493

Entity Name: SBHU LIFE AGENCY, INC.

FILED
Apr 08, 2009
Secretary of State

Current Principal Place of Business:

388 GREEWICH ST
NEW YORK, NY 10013

New Principal Place of Business:

Current Mailing Address:

PO BOX 30509
TAMPA, FL 33631 US

New Mailing Address:

PO BOX 30509
TAX & REPORTING
TAMPA, FL 33631 US

FEI Number: 13-2896238

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MARYNOWSKI, STEPHEN
Address: 787 7TH AVE
City-St-Zip: NEW YORK, NY 10019

Title: T () Delete
Name: FREIDRICH, SCOTT
Address: 399 PARK AVE.
City-St-Zip: NEW YORK, NY 10022

Title: VP () Delete
Name: JENKINS, CLIFFORD
Address: 333 WEST 34TH ST
City-St-Zip: NEW YORK, NY 10001

Title: AT () Delete
Name: ANZEL, KEITH
Address: 388 GRENWICH ST, 2ND FL
City-St-Zip: NEW YORK, NY 10013

Title: AS () Delete
Name: HOFFMAN, LISA
Address: 3800 CINAGROUP CENTER DR.
City-St-Zip: TAMPA, FL 33610

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: TROHAN, JOHN
Address: 388 GREENWICH STREET
City-St-Zip: NEW YORK, NY 10013

Title: VP (X) Change () Addition
Name: ENOCH, STEPHEN
Address: 700 RED BROOK BLVD
City-St-Zip: OWINGS MILLS, MD 21117

Title: AS (X) Change () Addition
Name: HOFFMAN, LISA
Address: 3800 CITIGROUP CENTER DRIVE
City-St-Zip: TAMPA, FL 33610

Title: AT (X) Change () Addition
Name: ANZEL, KEITH
Address: 388 GREENWICH STREET
City-St-Zip: NEW YORK, NY 10013

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LISA HOFFMAN

AS

04/08/2009

Electronic Signature of Signing Officer or Director

Date