

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 844618

FILED
Feb 02, 2007
Secretary of State

Entity Name: UNITED STATES AVIATION UNDERWRITERS, INCORPORATED

Current Principal Place of Business:

ONE SEAPORT PLAZA
199 WATER STREET
NEW YORK, NY 10038

New Principal Place of Business:

Current Mailing Address:

ONE SEAPORT PLAZA
199 WATER STREET
NEW YORK, NY 10038

New Mailing Address:

FEI Number: 13-5458900 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION COMPANY
1201 HAYS STREET
SUITE 105
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: VD () Delete
Name: BARNETT, WILLIAM D
Address: ONE SEAPORT PLAZA
City-St-Zip: NEW YORK, NY 10038 US

Title: PD () Delete
Name: SWEENEY, MICHAEL L
Address: ONE SEAPORT PLAZA
City-St-Zip: NEW YORK, NY 10038 US

Title: SD () Delete
Name: DAVIS, LESLIE J
Address: ONE SEAPORT PLAZA
City-St-Zip: NEW YORK, NY 10038 US

Title: CD () Delete
Name: CLARK, HAROLD J
Address: ONE SEAPORT PLAZA
City-St-Zip: NEW YORK, NY 10038 US

Title: VT M () Delete
Name: MCMAHON, MATTHEW
Address: ONE SEAPORT PLAZA
City-St-Zip: NEW YORK, NY 10038 US

Title: V () Delete
Name: PAINO, JOSEPH
Address: ONE SEAPORT PLAZA
City-St-Zip: NEW YORK, NY 10038 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: PD (X) Change () Addition
Name: MCKAY, DAVID L
Address: ONE SEAPORT PLAZA
City-St-Zip: NEW YORK, NY 10038 US

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

Title: CD (X) Change () Addition
Name: SWEENEY, MICHAEL L
Address: ONE SEAPORT PLAZA
City-St-Zip: NEW YORK, NY 10038 US

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: ANNE APONTE

AVP

02/02/2007

Electronic Signature of Signing Officer or Director

_____ Date