FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 844678 (3)

1. Corporation Name

SEDGWICK JAMES OF VIRGINIA, INC.

Principal Place of Business

C/O SEDGWICK JAMES TAX DEPT.
1290 AVENUE OF THE AMERICAS
NEW YORK, NY. 10019

Mailing Address

5350 POPLAR AVE
P.J. ROBINSON. LEGAL DEPT.
MEMPHIS TN 38119
US

2. Principal Place of Business

21 7799 Leesburg Pike
Suite, Apt. #, etc.
22 North Tower
City & State
23 Falls Church VA
Zip
24 22043-2413 25 Country USA

2a. Mailing Address

26 1000 Ridgeway Loop Road
Suite, Apt. #, etc.
27 P.J. Robinson, Legal Dept.
City & State
28 Memphis TN
Zip
29 38120 30 Country USA

3. Date Incorporated or Qualified: 11/26/1979
3a. Date of Last Report: 01/19/1995

4. FEI Number: 54-0793691 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE ______ (NOTE: Registered Agent signature required when reinstating) DATE ______

12. OFFICERS AND DIRECTORS

TITLE	VT	☐ DELETE
NAME	O'DAY, JOHN E	
STREET ADDRESS	5350 POPLAR AVE	
CITY-ST-ZIP	MEMPHIS TN	
TITLE	DP	☐ DELETE
NAME	HEALEY, QUILL O.	
STREET ADDRESS	1285 AVE OF THE AMERICAS	
CITY-ST-ZIP	NEW YORK, NY.	
TITLE	S	☐ DELETE
NAME	ROSENBLOOM, ALAN, B	
STREET ADDRESS	1285 AVE OF THE AMERICAS	
CITY-ST-ZIP	NEW YORK, NY.	
TITLE	AS	☐ DELETE
NAME	ROBINSON, PATTIE J	
STREET ADDRESS	5350 POPLAR AVE	
CITY-ST-ZIP	MEMPHIS TN	
TITLE	D	☐ DELETE
NAME	MORFORD, DONALD, K	
STREET ADDRESS	600 MONTGOMERY ST	
CITY-ST-ZIP	SAN FRANCISCO CA	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Pattie J. Robinson — Pattie J. Robinson Assistant 2/5/96 901/6843588

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #