

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2000 8:00 am
Secretary of State
 05-12-2000 90029 023 ***150.00

DOCUMENT # 847119

1. Entity Name

THE SUMITOMO MARINE AND FIRE INSURANCE COMPANY,

Principal Place of Business

Mailing Address

ONE WORLD TRADE CENTER, SUITE 9035
 NEW YORK NY 10048

P.O. BOX 4602
 WARREN NJ 07059-0602

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

13-2758523

Applied For

Not Applicable

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

**INSURANCE COMMISSIONER OF FLORIDA
 THE CAPITOL BUILDING
 TALLAHASSEE FL 32301**

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, 2000 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. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **P**
 STREET ADDRESS **YOHIDA, K**
 CITY-ST-ZIP **ONE WORLD TRADE CENTER**
NY NY

TITLE ☒ Change ☐ Addition
 NAME **P**
 STREET ADDRESS **Shigeaki Terada**
 CITY-ST-ZIP **One World Trade Center**
NY, NY

TITLE ☐ Delete
 NAME **VD**
 STREET ADDRESS **MERGEN, O**
 CITY-ST-ZIP **15 INDEPENDENCE BLVD**
WARREN NJ

TITLE ☒ Change ☐ Addition
 NAME **VD**
 STREET ADDRESS **Mergen, Donald**
 CITY-ST-ZIP **15 Independence Blvd**
Warren, NJ 07059

TITLE ☐ Delete
 NAME **STVD**
 STREET ADDRESS **UEDA, MASAMI**
 CITY-ST-ZIP **15 INDEPENDENCE BLVD**
WARREN NJ

TITLE ☒ Change ☐ Addition
 NAME **STVD**
 STREET ADDRESS **Masahiko Ando**
 CITY-ST-ZIP **15 Independence Blvd**
Warren, NJ 07059

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **MUER, ROBERT**
 CITY-ST-ZIP **15 INDEPENDENCE BLVD**
WARREN NJ

TITLE ☒ Change ☐ Addition
 NAME **VD**
 STREET ADDRESS **Miller, Robert**
 CITY-ST-ZIP **15 Independence Blvd**
Warren, NJ 07059

TITLE ☐ Delete
 NAME **VD**
 STREET ADDRESS **Yasuyuki Yamaguchi**
 CITY-ST-ZIP **10 Universal City Plaza Suite 1700**
Universal City, CA 91608

TITLE ☐ Change ☒ Addition
 NAME **VD**
 STREET ADDRESS **Yasuyuki Yamaguchi**
 CITY-ST-ZIP **10 Universal City Plaza Suite 1700**
Universal City, CA 91608

TITLE ☐ Delete
 NAME **VD**
 STREET ADDRESS **Yasuyuki Yamaguchi**
 CITY-ST-ZIP **10 Universal City Plaza Suite 1700**
Universal City, CA 91608

TITLE ☐ Change ☐ Addition
 NAME **VD**
 STREET ADDRESS **Yasuyuki Yamaguchi**
 CITY-ST-ZIP **10 Universal City Plaza Suite 1700**
Universal City, CA 91608

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:

MASAHIKO ANDO
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/28/00

Daytime Phone #

908-604-2900

S. Esposito

CR2E034 (9/99)