

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90374 025 \*\*\*150.00

**DOCUMENT # 852731**

1. Entity Name  
**SEABURY & SMITH, INC.**



Principal Place of Business  
**1166 AVENUE OF THE AMERICAS, 31ST FLOOR  
NEW YORK, NY 10036**

Mailing Address  
**C/O MARSH TAX DEPT  
121 RIVER ST, 5TH FLOOR  
HOBOKEN, NJ 07030**

40061052



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04072006 Chg-P CR2E034 (11/05)

4. FEI Number  
**13-3109248**

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

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
LISTON, STEVEN C  
1776 W LAKES PKWY  
WEST DES MOINES, IA 50398** ☐ 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  
NEW YORK, NY 10036** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SECRETARY  
KERSCHNER, BARRY  
1166 AVENUE OF THE AMERICAS  
NEW YORK, NY 10036** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
BARTLEY, MATTHEW  
1166 AVE OF THE AMERICAS  
NEW YORK, NY 10036** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
BIGLOTTI, JOSEPH  
1166 AVENUE OF THE AMERICAS, 31ST FLOOR  
NEW YORK, NY 10036** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
GIGLIOTTI, JOSEPH P.  
121 RIVER STREET  
HOBOKEN, NJ 07030** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
BAILEY, JEROME H  
1166 AVENUE OF THE AMERICAS, 31ST FLOOR  
NEW YORK, NY 10036** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
STANICK, KEITH  
121 RIVER ST FIFTH FLOOR  
HOBOKEN, NJ 07030** ☒ Delete

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Joseph P. Gigliotti*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JOSEPH P. GIGLIOTTI**

**4/13/06 (201) 284-4397**  
Date Daytime Phone #