

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90395 044 ***150.00

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1. Entity Name
SEABURY & SMITH, INC.



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

Mailing Address
**121 RIVER ST
TAX DEPT. 11TH FL
HOBOKEN, NJ 07030**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04152008

Chg-P

CR2E034 (12/06)

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, 2008 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 P ☒ Delete
NAME LISTON, STEVEN C
STREET ADDRESS 1776 W LAKES PKWY
CITY-ST-ZIP WEST DES MOINES, IA 50398

TITLE PRES / DIR ☒ Change ☐ Addition
NAME ROB MCGINNIS
STREET ADDRESS 1776 W. LAKES PKWY
CITY-ST-ZIP WEST DES MOINES, IA 50398

TITLE S ☐ Delete
NAME KERSCHNER, BARRY
STREET ADDRESS 1166 AVE OF THE AMERICAS
CITY-ST-ZIP NEW YORK, NY 10036

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

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

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

TITLE VP ☐ Delete
NAME GIGLIOTTI, JOSEPH P
STREET ADDRESS 121 RIVER STREET
CITY-ST-ZIP HOBOKEN, NJ 07030

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

TITLE D ☒ Delete
NAME KERR, STEVEN H
STREET ADDRESS 500 WEST MONROE ST
CITY-ST-ZIP CHICAGO, IL 60661

TITLE DIR ☒ Change ☐ Addition
NAME JOHN MAXWELL
STREET ADDRESS 1776 W. LAKES PKWY
CITY-ST-ZIP WEST DES MOINES, IA 50398

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

4/16/08
Date

(201) 284-4397
Daytime Phone #