

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91485 005 ***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 HARSH INC TAX DEPT
1166 AVENUE OF THE AMERICAS, 11TH FL
NEW YORK NY 10036**

2. Principal Place of Business

3. Mailing Address

c/o MARSH INC. TAX DEPT.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1166 AVE OF THE AMERICAS, 11TH FL

City & State

City & State

NEW YORK, NY

Zip

Country

Zip

Country

10036

4. FEI Number

13-3109248

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

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, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

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	D HORN, KAREN 1166 AVE OF THE AMERICAS NEW YORK NY 10036	Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S O'BRIEN, MARGARET 1166 AVE OF THE AMERICAS NEW YORK NY 10036	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TV SCHLINGBAUM, JEFF 1166 AVE OF THE AMERICAS NEW YORK NY	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BASS, SUSAN 1166 AVE OF THE AMERICAS NEW YORK NY 10036	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DORWEILER, KIRKE 1776 WEST LAKES PKWY WEST DESMOINES IA 50398	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER ROGER SZAJNGARTEN 1166 AVE OF THE AMERICAS NEW YORK, NY 10036	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED ROGER SZAJNGARTEN

Date

Daytime Phone #

4/11/02 212-345-4423

CR2E034 (10/02)