

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2006 8:00 am
Secretary of State

02-03-2006 90012 033 ***150.00

DOCUMENT # 856567

1. Entity Name
FORT WAYNE INTERMEDIARIES, INC.



Principal Place of Business
ONE REINSURANCE PLACE
1700 MAGNAVOX WAY
FORT WAYNE, IN 46804 US

Mailing Address
P.O. BOX 7808
FORT WAYNE, IN 46801-7808 US

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country



01202006 Chg-P CR2E034 (11/05)

4. FEI Number
35-1547628

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

PRENTICE-HALL CORPORATION SYSTEM, INC.
110 NORTH MAGNOLIA STREET
TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent

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 _____ (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

| | | |
|--|---|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CEOD WILSON, W. WELDON 175 KING STREET ARMONK, NY 10504 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SVCF ECKERT, RAYMOND A 175 KING STREET ARMONK, NY 10504 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S HARRIGAN, PATRICIA D 175 KING STREET ARMONK, NY 10504 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | AS LEMON, MARK D 1700 MAGNAVOX WAY FORT WAYNE, IN 46804 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD ARNOLD, NEAL E 1700 MAGNAVOX WAY FORT WAYNE, IN 46804 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|--|--|
| 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 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SVP/D ARNOLD, NEAL E 1700 Magnavox Way Fort Wayne, IN 46804 | <input checked="" 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 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mark D. Lemon 1/20/06 260/435-8655
Date Daytime Phone #

ATTACHMENT

856 567

40008397

FORT WAYNE INTERMEDIARIES, INC.

OFFICERS

Jacques E. Dubois
Chairman
175 King Street
Armonk, NY 10504

W. Weldon Wilson
Chief Executive Officer
175 King Street
Armonk, NY 10504

Neal E. Arnold
Sr. Vice President
1700 Magnavox Way
Fort Wayne, IN 46804

Thomas J. Brunnegraff
Vice President
175 King Street
Armonk, NY 10504

James B. Keller
Vice President
1700 Magnavox Way
Fort Wayne, IN 46804

Donna McCabe
Vice President
175 King Street
Armonk, NY 10504

Thomas E. Skillman
Vice President
1700 Magnavox Way
Fort Wayne, IN 46804

Barry S. Stopler
Vice President
175 King Street
Armonk, NY 10504

Raymond A. Eckert
Sr. VP & CFO
175 King St.
Armonk, NY 10504

Patricia D. Harrigan
Secretary, Acting General
Counsel and Secretary
175 King Street
Armonk, NY 10504

Margaret Ashbridge
Assistant Secretary
1700 Magnavox Way
Fort Wayne, IN 46804

Elissa B. Kenny
Assistant Secretary
175 King Street
Armonk, NY 10504

Elena I. Gilev
Assistant Secretary
1700 Magnavox Way
Fort Wayne, IN 46804

Mark D. Lemon
Assistant Secretary
1700 Magnavox Way
Fort Wayne, IN 46804

Lydia Gobrogge
Assistant Treasurer
1700 Magnavox Way
Fort Wayne, IN 46804

Carlos Ramos
Assistant Secretary
1700 Magnavox Way
Fort Wayne, IN 46804

Michele A. Woodman
Assistant Secretary
150 King Street West
Toronto, ON M5H 1J9
Canada

Directors

Jacques E. Dubois
175 King Street
Armonk, NY 10504

Neal E. Arnold
1700 Magnavox Way
Fort Wayne, IN 46804

Raymond A. Eckert
175 King Street
Armonk, NY 10504

W. Weldon Wilson
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Armonk, NY 10504