## 2005 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# F00000000527

Entity Name: CHASE MANHATTAN INSURANCE AGENCY, INC.

FILED Jun 02, 2005 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:	
500 STANT OPS J-2NE NEWARK,		A RD			
Current Mailing Address:			New Maili	New Mailing Address:	
500 STANTON CHRISTINA RD OPS J-2ND FOOOR NEWARK, DE 19713					
FEI Number:	51-0335569	FEI Number Applied For ( )	I Number Not Appl	icable ( ) Certificate of Status Desired ( )	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US					
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: DONNA MOCH					
	Electroni	c Signature of Registered Agent		Date	
Election Campaign Financing Trust Fund Contribution ( ).					
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	MARTIN, JOHN	VENUE, 13TH FLOOR	Title: Name: Address: City-St-Zip:	DP (X) Change ( ) Addition HARLIN, JAMES L 2500 WESTFIELD DR., 2ND FL ELGIN, IL 60123	
Title: Name: Address: City-St-Zip:	PETRYLAK, PAL		Title: Name:	VP (X) Change ( ) Addition REISTERER, JAMIE L	
	NEW YORK, NY	VENUE, 13TH FLOOR 10017	Address: City-St-Zip:	2500 WESTFIELD DR., 2ND FL ELGIN, IL 60123	
Title: Name: Address: City-St-Zip:	NEW YORK, NY VSD () GUSA, ARTHUR	10017 Delete T ATTAN PL 25TH FLOOR		2500 WESTFIELD DR., 2ND FL	
Name: Address:	NEW YORK, NY VSD () GUSA, ARTHUR 1 CHASE MANH, NEW YORK, NY	10017  Delete T ATTAN PL 25TH FLOOR 1000  Delete D S HRISTINA RD	City-St-Zip: Title: Name: Address:	2500 WESTFIELD DR., 2ND FL ELGIN, IL 60123  VS (X) Change ( ) Addition GUSA, ARTHUR T 1 CHASE MANHATTAN PL 25TH FLOOR	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: DAVID BARRELL VPT 06/02/2005

( ) Delete

380 MADISON AVENUE, 13TH FLOOR

BOUCHER, PETER J

NEW YORK, NY 10017

Title:

Name:

Address:

City-St-Zip:

(X) Change ( ) Addition

500 STANTON CHRISTIANA RD., 1-OPS2

MARAZZO, JOHN F

NEWARK, DE 19713