2003 F	OR PR	OFIT C	ORPORA 1	FION
UNIFORM	M BUS!	INESS I	REPORT	(UBR)

SIGNATURE: SIGNATURE AND THED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

	 	<u> </u>	<u>, </u>	<u> </u>			•
DOCUMENT # F0000000554 1. Entity Name MARSH USA INC. (VIRGINIA)					FILED 03 NOV 192 PH 12: 48		ĄŢ
Principal Place of Business 1166 AVENUE OF THE AMERICAS NEW YORK NY 10036 Mailing Address 1166 AVENUE OF THE AMERICA TAX DEPT-98TH NEW YORK NY 10036			RICAS	AR	SECRETARY (TALLAHASSEE		
2. Principal Place of Business 3. Mailing Address 121 River St		treet		L 4901100 HILL BOSIL BOSIL BOSIL BOSIL BOSIL	I MOZII O ripi P ilal disil oldi	! 60 1	
Suite, Apt. #, etc. Suite, Apt. #, etc.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		REINSTATEMEN	dHange O	3	
City & Stat	e	Hoboken, A	15		4. FEI Number 54-0632797	Applied 5 Not Applie	cable
Zip	Country	07030-5794	Country		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
	6. Name and Address of Current F				7. Name and Address of New Registered	<u>`</u>	
	U. Haile Zila Address of Carrent F	iogistered Agent	Name		7. Name and Address of New Registered	Agent	
C T CODE	ODATION CYCTEM		1481116				ļ
	PORATION SYSTEM		Street /	Address (P	O. Box Number is Not Acceptable)		
1200 SOL	JTH PINE ISLAND ROAD						
PLANTATI	ON FL 33324			·			
			<u> </u>				
			City		Fi	Zip Code	1
9 The shave	named antity submits this statement for	the purpose of changing its re-	nistored office of	r ropistara	d agent, or both, in the State of Florida. I am		2001
	ions of registered agent.	the purpose of changing its re-	gistered office c	i iegistete	agent, or both, in the state of Florida. Fair	Harrinar Willi, and acc	-ebi
	Z	1001					Ì
SIGNATURE .	TUINIT!						_
	Signature, typed or printed nam Program &	IGG CTTYOU. (NOTE: R	egistered Agent signa	ture required v	when reinstating) DATE		
	ILE NOW!!! FEE ASSISTANT S	ecretary					$\overline{}$
					9. Election Campaign Financing	\$5,00 May	Ве
	ptember 10, 2003 Fee will be \$750.				Trust Fund Contribution.	Added to Fee	
Make Check	Payable to Florida Department of	State					
10.	OFFICERS AND I	DIRECTORS	11,		ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 11	
TITLE	P	Delete	TITLE	Pres	er F. Garvey 6 Avenue of the A	Change Ad	dition (8)
NAME	EGAN, ROGER E		NAME	Pot	er E Garvey	•	4
STREET ADDRESS	1166 AVENUE OF THE AMERICA	S	STREET ADDRESS	116	a surenue of the A	mericas	8
CITY-ST-ZIP	NEW YORK NY 10036		CITY-ST-ZIP	1/1/	Wyork, Ny 100	36	l Q
TITLE	S		TITLE	 / • \	wy gore, ny	☐ Change ☐ Ad	LASE034 (4/03)
	FURST, BARRY W	☐ Delete	NAME			_	
NAME ATRICET ADDRESS		e			5000238062 10/15/0301024006	95	
STREET ADDRESS	1166 AVENUE OF THE AMERICA	3	STREET ADDRESS City-ST-ZIP		10/15/0301024006	**750.00	
CITY-ST-ZIP	NEW YORK NY 10036		GIT-SI-ZIP	ļ			
TITLE	T	Delete	TITLE			☐ Change ☐ Ad	dition
NAME	Szaijngarten, Roger a	i	NAME	İ			
STREET ADDRESS	1166 AVE OF THE AMERICAS		STREET ADDRESS				
CITY-ST-ZIP	NEW_YORK.NY=10036		_CITY_ST_ZIP	-		=- =-	
TITLE	D	☐ Delete	TITLE			☐ Change ☐ Ad	dition
NAME	TOMENSON, WALTER S JR		NAME			_ • –	1
STREET ADDRESS	1166 AVE OF THE AMERICAS		STREET ADDRESS				
CITY-ST-ZIP	NEW YORK NY 10036		CITY-ST-ZIP				
TITL C	D			0:00	ector_	C Sharige	dition
TITLE NAME	SALERNO, JOSEPH	Delete	TITLE NAME	10.18	E E GAD	⊆ on ange ⊟ Au	union
	1166 AVE OF THE AMERICAS		STREET ADDRESS	Fog.	Anagura of the Ar	rericos	
STREET ADDRESS CITY-ST-ZIP	NEW YORK NY 10036		CITY-ST-ZIP	11/06	er E. Egan is Avenue of the Ar w york, My 1003		
	HEIT TORN ITT 10000			1/20	WYORK, NY 1003	· 6	
TITLE		☐ Delete	TITLE	$+\Delta i \sim c$	2 ~ V/{ ~ · · · · · · · · · · · · · · · · · ·	Change Adv	dition
NAME	•		NAME	Wal	ter Tomenson It, Avenue of the Amer	-nac	
STREET ADDRESS			STREET ADDRESS	1/46	prenue of the Amer	ivas	
CITY-ST-ZIP			CITY-ST-ZIP	New	WYORK, NU 10030	6	
12. I hereby o	ertify that the information supplied with	this filing does not qualify for th	e exemption sta	ated in Sec	tion 19.07(3)(i), Florida Statutes. I further ce	ertify that the information	on
indicated	on this report or supplemental report is:	true and accurate and that my :	signature shall l	have the sa	ame legal effect as if made under gath: that I	am an officer or direct	tor
or the con	or on an attachment with an address, w	ith all other like empowered	required by CR	באופו פט/,	Florida Statutes; and that my name appears	BI DIOCK TO OF DIOCK 1	и

10/6 (03