2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F01000002186

Entity Name: REINSUREX INTERMEDIARY INC.

FILED Jan 21, 2003 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
Jurrent Principal Place of Business:	New Principal Place of Business:

40 WEST 75TH STREET, SUITE 2A 27 WEST 24TH STREET NEW YORK, NY 10023 SUITE 700B NEW YORK, NY 10010

Current Mailing Address: New Mailing Address:

40 WEST 75TH STREET, SUITE 2A 27 WEST 24TH STREET NEW YORK, NY 10023 SUITE 700B NEW YORK, NY 10010

FEI Number: 13-4131956 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 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:

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete

Name: CROSBY, PETER J Address: 40 WEST 75TH STREET, SUITE 2A

City-St-Zip: NEW YORK, NY 10023

Title: S () Delete
Name: TUCCI. SALVATORE M

Address: 40 WEST 75TH STREET, SUITE 2A

City-St-Zip: NEW YORK, NY 10023

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change () Addition

Name: CROSBY, PETER J

Address: 40 WEST 75TH STREET, APT. 2A

City-St-Zip: NEW YORK, NY 10023

Title: S (X) Change () Addition

 Name:
 TUCCI, SALVATORE M

 Address:
 620 CHESTNUT STREET

 City-St-Zip:
 ROSELLE PARK, NJ 07204

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.

SIGNATURE: PETER J. CROSBY PTD 01/21/2003