2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 26, 2005 8:00 am Secretary of State

DOCUMENT # F0100006054 1. Entity Name BARRY KAYE ASSOCIATES, INC.				04-26-2005 90162 011 ***150.00						0.00
Principal Place of Business Mailing Address										
•	CENTER CIRCLE, STE 440, TWR II	Mailing Address C/O NATIONAL FINANCIAL PARTNERS CORP. 787 SEVENTH AVENUE 49TH FLOOR NEW YORK, NY 10019			1 I F 3 II 7 II 11 I	F818: 11911 F8111 88 114 81	. .	1 1111 F1111 1 1111 1 111	F# 1 1	
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01072005	Chg-P	CR2E	034 (10/03)		
City & State		City & State				4. FEI Numbe 13-4043				plied For t Applicable
Zip	Country	Zip	Country			5. Certificate	of Status Desired		\$8.75 Add Fee Require	
Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent						
CT CORPORATION SYSTEM				Name						
C/O CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD.				Street Add	eet Address (P.O. Box Number is Not Acceptable)					
PLANTATION, FL 33324										
			Ī	City				F	L Zip Code	•
6. 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.										and accept
SIGNATURE										
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
FILE NOWILL FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.										
10.	OFFICERS AND	DIRECTORS	11.			ADDITIONS/	CHANGES TO OF	FICERS AN	ID DIRECTOR:	S IN 11
NAME STREET ADDRESS CITY-ST-ZIP	KAYE, BARRY 5100 TOWN CENTER CIRCLE, STE 440, TWR II								Change	Addition
TITLE NAME			TITLE						☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP	S 5100 TOWN CENTER CIRCLE, STE 440, TWR II ST			ET ADDRESS - ST - ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	HAMMOND, DOUGLAS W 787 SEVENTH AVE., 49TH FLOOR			1	HIN 181 W	kson, n Sevent ew Yor	alika h Ave,/ u, m//	19h El 2019	Change	☐ Addillon
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Delete LEISER, LORI 500 W MADISON, SUITE 3650 CHICAGO, IL 60661			•					☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	KAYE, ALAN L - 1901 AVENUE OF THE STARS, SUITE 500 S								☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZUCCARO, ROBERT 787 SEVENTH AVENUE 49TH F NEW YORK, NY 10019	☐ Delete							☐ Change	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 a lighter like empowered.

SIGNATURE:

Som Liese Lori M. Lies

4-21-05

312-985-5700

Daytime Phone ≢