

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90213 030 ***150.00

DOCUMENT # F01000006055

1. Entity Name
HOWARD KAYE INSURANCE AGENCY, INC.



Principal Place of Business
**5100 TOWN CENTER CIRCLE
SUITE 440 TOWER II
BOCA RATON, FL 33486**

Mailing Address
**C/O NATIONAL FINANCIAL PARTNERS CORP.
787 SEVENTH AVE. 49TH FL
NEW YORK, NY 10019**

94070750



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04262004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

13-4043375

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
C/O CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION, FL 33324**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME KAYE, HOWARD S
STREET ADDRESS TOWN CENTER CIR STE 440 TWR II
CITY-ST-ZIP BOCA RATON, FL 33486 ☐ Delete

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE S
NAME OLSON, STEPHANIE S
STREET ADDRESS 787 SEVENTH AVENUE, 49TH FLOOR
CITY-ST-ZIP NEW YORK, NY 10019 ☐ Delete

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE VAS
NAME HAMMOND, DOUGLAS W
STREET ADDRESS 787 SEVENTH AVENUE, 49TH FLOOR
CITY-ST-ZIP NEW YORK, NY 10019 ☐ Delete

TITLE VT
NAME Hammond, Douglas ☒ Change ☐ Addition
STREET ADDRESS 787 Seventh Avenue, 49th Floor
CITY-ST-ZIP New York, NY 10019

TITLE V
NAME LEISER, LORI M
STREET ADDRESS 500 W MADISON SUITE 3650
CITY-ST-ZIP CHICAGO, IL 60661 ☐ Delete

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME BECKER, LAWRENCE
STREET ADDRESS 787 SEVENTH AVENUE, 49TH FLOOR
CITY-ST-ZIP NEW YORK, NY 10019 ☐ Delete

TITLE D
NAME Zuccaro, Robert ☒ Change ☐ Addition
STREET ADDRESS 787 Seventh Ave, 49th Floor
CITY-ST-ZIP New York NY 10019

TITLE D
NAME KAYE, BARRY
STREET ADDRESS 5100 TOWN CENTER CIR S 440 TWR II
CITY-ST-ZIP BOCA RATON, FL 33486 ☐ Delete

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-27-04 312-985-5700