

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000006055

FILED  
Apr 23, 2007  
Secretary of State

Entity Name: HOWARD KAYE INSURANCE AGENCY, INC.

## Current Principal Place of Business:

5100 TOWN CENTER CIRCLE  
SUITE 440 TOWER II  
BOCA RATON, FL 33486

## New Principal Place of Business:

## Current Mailing Address:

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

## New Mailing Address:

C/O NFP, 500 W. MADISON STREET  
SUITE 2400  
CHICAGO, IL 60661

FEI Number: 13-4043375

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD.  
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:

04/23/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: KAYE, HOWARD S  
Address: TOWN CENTER CIR STE 440 TWR II  
City-St-Zip: BOCA RATON, FL 33486

Title: STV ( ) Delete  
Name: HINKSON, MALIKA  
Address: 787 7TH AVE, 11TH FL  
City-St-Zip: NEW YORK, NY 10019

Title: V ( ) Delete  
Name: LEISER, LORI M  
Address: 500 W MADISON, STE 2400  
City-St-Zip: CHICAGO, IL 60661

Title: D ( ) Delete  
Name: ZUCCARO, ROBERT  
Address: 787 7TH AVE, 11TH FL  
City-St-Zip: NEW YORK, NY 10019

Title: D ( ) Delete  
Name: KAYE, BARRY  
Address: 5100 TOWN CENTER CIR S 440 TWR II  
City-St-Zip: BOCA RATON, FL 33486

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: LORI M. LIESER

VP

04/23/2007

Electronic Signature of Signing Officer or Director

Date