2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008
Secretary of State

DOCUMENT# F01000006055

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

New Mailing Address:

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
1200 SOUTH PINE ISLAND RD.
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: 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: PSTD (X) Change ( ) Addition
Name: KAYE, HOWARD S
Address: TOWN CENTER CIR STE 440 TWR II
City-St-Zip: BOCA RATON, FL 33486

Title: V (X) Change ( ) Addition
Name: HINKSON, MALIKA
Address: 787 7TH AVE, 11TH FL
City-St-Zip: NEW YORK, NY 10019

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 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 V 04/28/2008

Electronic Signature of Signing Officer or Director — Date