

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000006055

FILED
Apr 27, 2011
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 NFP, 500 W. MADISON STREET
SUITE 2400
CHICAGO, IL 60661

New Mailing Address:

FEI Number: 13-4043315

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

OFFICERS AND DIRECTORS:

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

Title: D
Name: HINKSON, MALIKA
Address: 340 MADISON AVENUE, 20TH FLOOR
City-St-Zip: NEW YORK, NY 10173

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

Title: D
Name: SCHNEIDER, BRETT
Address: 340 MADISON AVENUE, 20TH FLOOR
City-St-Zip: NEW YORK, NY 10173

Title: D
Name: GELDER, JAMES R
Address: 1250 CAPITAL OF TEXAS HWY S
City-St-Zip: AUSTIN, TX 78746

I hereby 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 all other like empowered.

SIGNATURE: LORI M. LIESER

V

04/27/2011

Electronic Signature of Signing Officer or Director

Date