2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F01000006312

FILED Feb 25, 2003 Secretary of State

Entity Name: HILB, ROGAL AND HAMILTON COMPANY OF SOUTHERN NEW JERSEY

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
1015 BRIGGS RD MT LAUREL, NJ 08054					
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
4951 LAKE BROOK DR. SUITE 500 GLEN ALLEN, VA 23060					
FEI Number: 21-0720614 FEI Number Applied For () FEI Num			FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 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:					
	Electronic	Signature of Registered Agent	t	Date	
Election Campaign Financing Trust Fund Contribution (). OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:					
Title: Name: Address: City-St-Zip:	P () E TIMPANARO, CA 228 LONGWOOD CHATHAM, NJ 0	AVENUE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	V () E CARPINO, CHRIS 12 AUTUMN DRIV MOORESTOWN,	/E	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	KORMAN, TIMOT	DK DR. SUITE 500	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	JONES, CAROLY	DK DR. SUITE 500	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SMITH, WALTER	DK DR. SUITE 500	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	V () E CAMPANARO, GI 1400 ENDINGO A WILLIAMSTOWN	VENUE	Title: Name: Address: City-St-Zip:	() Change () Addition	
I hereby certify that the information supplied with this filing does not qualify for the 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 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					

SIGNATURE: WALTER L. SMITH SD Electronic Signature of Signing Officer or Director

above, or on an attachment with an address, with all other like empowered.

02/25/2003 Date