2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2004 08:00 AM
Secretary of State

DOCUMENT # F03000006041

1. Entity Name
YORK INSURANCE SERVICES GROUP, INC.

Principal Place of Business	Mailing Address
99 CHERRY HILL ROAD, SUITE 102 PARSIPPANY, NJ 07054	99 CHERRY HILL ROAD, SUITE 102 PARSIPPANY, NJ 07054

02122004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
13-4198394
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE	CD
NAME	MACARTHUR, THOMAS C
STREET ADDRESS	99 CHERRY HILL ROAD, SUITE 102
CITY-ST-ZIP	PARSIPPANY, NJ 07054
TITLE	VT
NAME	PANICO, DAVID
STREET ADDRESS	99 CHERRY HILL ROAD, SUITE 102
CITY-ST-ZIP	PARSIPPANY, NJ 07054
TITLE	VS
NAME	LIND, PETER E
STREET ADDRESS	99 CHERRY HILL ROAD, SUITE 102
CITY-ST-ZIP	PARSIPPANY, NJ 07054
TITLE	VCOO
NAME	AUSSICKER, MARK
STREET ADDRESS	99 CHERRY HILL ROAD, SUITE 102
CITY-ST-ZIP	PARSIPPANY, NJ 07054
TITLE	VCIO
NAME	ECKSTEIN, HENRY
STREET ADDRESS	99 CHERRY HILL ROAD, SUITE 230
CITY-ST-ZIP	PARSIPPANY, NJ 07054
TITLE	VCIO
NAME	MCKINLEY, RICHARD
STREET ADDRESS	99 CHERRY HILL ROAD, SUITE 230
CITY-ST-ZIP	PARSIPPANY, NJ 07054

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02/27/04-80032-001 150.00

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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: Peter E. Lind 2/24/03 973-404-1235
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #