


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 02, 2004 8:00 am
Secretary of State

08-02-2004 90007 012 ***150.00

DOCUMENT # F03000006421 1. Entity Name MARSH PLACEMENT INC.					
Principal Place of Business 500 WEST MONROE ST CHICAGO, IL 60661-3630			Mailing Address 121 RIVER ST, TAX DEPT., 5TH FLOOR HOBOKEN, NJ 07030		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 36-3034999	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TREANOR, CHRISTOPHER M 1166 AVENUE OF THE AMERICAS NEW YORK, NY 10036	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PADGETT, KENNETH 1166 AVENUE OF THE AMERICAS NEW YORK, NY 10036	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Terence McAnuff 121 River Street Hoboken, NJ 07030 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FURST, BARRY W 1166 AVENUE OF THE AMERICAS NEW YORK, NY 10036	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS DALLARA, MARK J 1166 AVENUE OF THE AMERICAS NEW YORK, NY 10036	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS KERSCHNER, BARRY J 1166 AVENUE OF THE AMERICAS NEW YORK, NY 10036	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SZAJNGARTEN, ROGER A 1166 AVENUE OF THE AMERICAS NEW YORK, NY 10036	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Terence McAnuff</i> Terence McAnuff - Vice President 7/9/04 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

54066089



07082004 Chg-P CR2E034 (10/03)

MARSH

Attachment
Doc # FD 3000006421

Lorraine Mazza

54066089

Marsh USA Inc.
121 River Street
Hoboken, NJ 07030
201-284-4767
Lorraine.J.Mazza@mmc.com

July 16, 2004

~~Annual Filing~~
~~P.O. Box 113600~~
~~Honolulu, HI 96811~~

Subject: Marsh Placement, Inc.
EIN #36-3034999
2004 Annual Report

Dear Sir or Madam:

On behalf of the above named, please find enclosed the Annual Report for the calendar year 2004.

☒ Also enclosed is a check in the amount of \$150.00
in satisfaction of the required amount due.

☐ No payment is required to be submitted with the enclosed.

☒ Please send all future correspondence to the address below:

Marsh USA Inc.
121 River Street
Hoboken, NJ 07030-5794
Tax Department - 5th Floor

Please acknowledge receipt of the enclosed by stamping the duplicate of this letter and returning it in the self-addressed envelope enclosed.

Regards,


Lorraine Mazza