

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2005 8:00 am**  
**Secretary of State**

04-26-2005 90162 049 \*\*\*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**

40067602



04192005 Chg-P CR2E034 (10/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
**36-3034999**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Delete  
NAME **TREANOR, CHRISTOPHER M**  
STREET ADDRESS **1166 AVENUE OF THE AMERICAS**  
CITY-ST-ZIP **NEW YORK, NY 10036**

TITLE **President** ☐ Change ☐ Addition  
NAME **William A. Malloy**  
STREET ADDRESS **1166 Ave of the Americas**  
CITY-ST-ZIP **New York, NY 10036**

TITLE **VP** ☐ Delete  
NAME **MCANUFF, TERRENCE**  
STREET ADDRESS **121 RIVER STREET**  
CITY-ST-ZIP **HOBOKEN, NJ 07030**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **S** ☐ Delete  
NAME **FURST, BARRY W**  
STREET ADDRESS **1166 AVENUE OF THE AMERICAS**  
CITY-ST-ZIP **NEW YORK, NY 10036**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **AS** ☐ Delete  
NAME **DALLARA, MARK J**  
STREET ADDRESS **1166 AVENUE OF THE AMERICAS**  
CITY-ST-ZIP **NEW YORK, NY 10036**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **AS** ☐ Delete  
NAME **KERSCHNER, BARRY J**  
STREET ADDRESS **1166 AVENUE OF THE AMERICAS**  
CITY-ST-ZIP **NEW YORK, NY 10036**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **T** ☒ Delete  
NAME **SZAJNGARTEN, ROGER A**  
STREET ADDRESS **1166 AVENUE OF THE AMERICAS**  
CITY-ST-ZIP **NEW YORK, NY 10036**

TITLE **Treasurer** ☐ Change ☐ Addition  
NAME **Matthew Cartley**  
STREET ADDRESS **1166 Ave of the Americas**  
CITY-ST-ZIP **New York NY 10036**

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:

*Terence McAnuff*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Terence McAnuff 4/21/05*  
Date Daytime Phone #