


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90366 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
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

40074015



04202006 Chg-P CR2E034 (11/05)

4. FEI Number 36-3034999	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MALLOY, WILLIAM A 1166 AVENUE OF THE AMERICAS NEW YORK, NY 10036 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President/CEO Phillip V. Moyles 1166 Ave of the Americas New York NY 10036 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MCANUFF, TERRENCE 121 RIVER STREET HOBOKEN, NJ 07030 <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	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 CARTLEY, MATTHEW 1166 AVENUE OF THE AMERICAS NEW YORK, NY 10036 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Matthew Cartley 1166 Ave of the Americas New York NY 10036 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Terrence McAnuff
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/06
Date

Daytime Phone #

MARSH

ATTACHMENT

Lorraine Mazza

40074015
#F03000006421

Marsh USA Inc.
121 River Street
Hoboken, NJ 07030-5794
Tel: 201-284-4767 Fax: 201-284-4767
Lorraine.J.Mazza@mmc.com

April 25, 2006

Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

**Subject: Marsh Placement Inc.
FEIN #36-3034999
2006 Annual Report**

Dear Sir or Madam:


On behalf of the above named, please find enclosed the Annual Report for the calendar year 2006.

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

Regards,


Lorraine Mazza