

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000000359

FILED
Apr 29, 2009
Secretary of State

Entity Name: WILLIS OF NORTH CAROLINA, INC.

Current Principal Place of Business:

301 SOUTH TRYON STREET STE. 2600
CHARLOTTE, NC 28282

New Principal Place of Business:

Current Mailing Address:

C/O HOLLY MURPHY
26 CENTURY BLVD
NASHVILLE, TN 37214

New Mailing Address:

FEI Number: 56-1671375 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DVP () Delete
Name: CAIAZZO, MARY E
Address: ONE WORLD FINANCIAL CENTER, 200 LIBERTY ST
City-St-Zip: NEW YORK, NY 10281

Title: D () Delete
Name: BAILEY, DONALD J
Address: ONE WORLD FINANCIAL CENTER, 200 LIBERTY ST
City-St-Zip: NEW YORK, NY 10281

Title: P () Delete
Name: HEIN, ERIC P
Address: 301 SOUTH TRYON STREET STE. 2600
City-St-Zip: CHARLOTTE, NC 28282

Title: S () Delete
Name: MURPHY, HOLLY G
Address: 26 CENTURY BLVD
City-St-Zip: NASHVILLE, TN 37214

Title: T () Delete
Name: MOONEY, C. WILLIAM
Address: 26 CENTURY BLVD
City-St-Zip: NASHVILLE, TN 37214

Title: AS () Delete
Name: NAAKTGEBOREN, HEATHER
Address: 26 CENTURY BLVD
City-St-Zip: NASHVILLE, TN 37214

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: ROSMAN, ADAM
Address: ONE WORLD FINANCIAL CENTER, 200 LIBERTY ST
City-St-Zip: NEW YORK, NY 10281

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HOLLY G MURPHY

S

04/29/2009

Electronic Signature of Signing Officer or Director

Date