

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90092 018 ***150.00

DOCUMENT # F05000004880					
1. Entity Name MARSH PRIVATE CLIENT LIFE INSURANCE SERVICES INC.					
Principal Place of Business 20750 VENTURA BLVD. WOODLAND HILLS, CA 91364			Mailing Address 121 RIVER STREET HOBOKEN, NJ 07030		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 121 RIVER STREET Suite, Apt. #, etc. TAX DEPT- 11th FL.			
Suite, Apt. #, etc.		City & State HOBOKEN, NJ		04052007 Chg-P CR2E034 (12/06)	
City & State		City & State HOBOKEN, NJ		4. FEI Number 95-1965459	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 07030		Country USA		Applied For 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCFO RUBENSTEIN, DANIEL E 1166 AVE. OF 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	DCEO WOLFE, BARRY L 22578 FLAMINGO STREET WOODLAND HILLS, CA 91364	<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	V GIGLIOTTI, JOSEPH P 1166 AVE. OF 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	P KERR, STEVEN 500 W MONROE ST CHICAGO, IL 60661	<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 KERSCHNER, BARRY 1166 AVE 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 LEHAN, LAWRNECE M 1166 AVE. OF AMERICAS NEW YORK, NY 10036	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER ALAN BIELER 1166 AVE OF THE AMERICAS NEW YORK, NY 10036
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: <i>Joseph P. Gigliotti</i> JOSEPH P. GIGLIOTTI 4/6/07 (201) 284-4397					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					