

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90052 050 ***150.00

DOCUMENT # F06000007263					
1. Entity Name MARSH INTERMEDIARY CORP.					
Principal Place of Business 5200 TOWN CENTER CIRCLE, SUITE 470 BOCA RATON, FL 33486			Mailing Address 5200 TOWN CENTER CIRCLE, SUITE 470 BOCA RATON, FL 33486		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		02072007 Chg-P CR2E034 (12/06)	
4. FEI Number 20-5872599				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent	
7. Name and Address of New Registered Agent				Name	
Street Address (P.O. Box Number is Not Acceptable)				City	
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 <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <input type="checkbox"/> Delete LAZARAN, FRANK 7800 CROSSPOINTE BOULEVARD INDIANAPOLIS, IN 462563350				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO <input type="checkbox"/> Delete LAZARAN, FRANK 7800 CROSSPOINTE BOULEVARD INDIANAPOLIS, IN 462563350				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP <input type="checkbox"/> Delete KING, T. SCOTT 5200 TOWN CENTER CIRCLE, STE 470 BOCA RATON, FL 33486				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP <input type="checkbox"/> Delete MCELWEE, F. DIXON JR. 5200 TOWN CENTER CIRCLE, SUITE 470 BOCA RATON, FL 33486				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9800 Crosspoint Blvd.					
4800 Crosspoint Blvd. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
General Counsel & Sec'y <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Laura S. Greencord 9800 Crosspoint Blvd Indianapolis, IN 46256-3350					
<input 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: _____ <i>Laura S. Greencord</i> _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date _____ Daytime Phone # _____					