

F110000048419

Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FOREIGN PROFIT/NONPROFIT CORPORATION
Marsh & McLennan Shared Services Corporation

Certificate of Status	0
Certified Copy	0
Page Count	07
Estimated Charge	\$70.00

2011 DEC -5 AM 10:28

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DIVISION OF CORPORATIONS

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEC -5 PM 3:33

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12/6/11

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Marsh & McLennan Shared Services Corporation
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Name of Person

Firm/Company

Address

City/State and Zip code

evelyn.rodriguez@mnc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ventrice McKay-Henry at (212) 345-6567
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. Marsh & McLennan Shared Services Corporation

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Delaware

(State or country under the law of which it is incorporated)

3. 45-3910234

(FBI number, if applicable)

4. 11/21/2011

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. Upon Qualification

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 1166 Avenue of the Americas, New York, NY 10036

(Principal office address)

121 River Street, 8th Floor, Hoboken, NJ 07030

(Current mailing address)

8. SEE ATTACHMENT

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation

(City)

, Florida 33324

(Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

C T Corporation System

By: Connie Bryan

(Registered agent's signature)

Connie Bryan

Assistant Secretary

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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12. Names and business addresses of officers and/or directors:

A. DIRECTORS SEE ATTACHMENT

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS SEE ATTACHMENT

President: Robert J. Rapport

Address: 1166 Avenue of the Americas

New York, NY 10036

Vice President: Michael A. Hass

Address: 1166 Avenue of the Americas

New York, NY 10036

Secretary: Katherine J. Brennan

Address: 1166 Avenue of the Americas, New York, NY 10036

Treasurer: Alan W. Bieler

Address: 1166 Avenue of the Americas, New York, NY 10036

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Katherine J. Brennan

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

14. Katherine J. Brennan, Secretary

(Typed or printed name and capacity of person signing application)

Management of finance, technology and general business affairs of affiliated companies and related matters; and to engage in any activity for which corporations may be organized.

1	Full Name:	Joseph P. Gigliotti
	Officer/Director:	Officer
	Officer's Title:	Vice President
	Director's Title:	
	Business Address:	121 River Street
	City:	Hoboken
	State:	NJ
	ZIP Code:	07030
2	Full Name:	Orlando Ashford
	Officer/Director:	Director
	Officer's Title:	
	Director's Title:	Director
	Business Address:	1166 Avenue of the Americas
	City:	New York
	State:	NY
	ZIP Code:	10036
3	Full Name:	Vanessa A. Wittman
	Officer/Director:	Director
	Officer's Title:	
	Director's Title:	Director
	Business Address:	1166 Avenue of the Americas
	City:	New York
	State:	NY
	ZIP Code:	10036
4	Full Name:	Geraldine Losquadro
	Officer/Director:	Director
	Officer's Title:	
	Director's Title:	Director
	Business Address:	1166 Avenue of the Americas
	City:	New York

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Division of Cooperation

State:
ZIP Code:

NY
10036

2011 DEC -5 AM 10:28
DIVISION OF CORPORATE AFFAIRS
STATE OF NEW YORK

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MARSH & MCLENNAN SHARED SERVICES CORPORATION" IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SECOND DAY OF DECEMBER, A.D. 2011.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.


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DIVISION OF CORPORATION



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111249865

You may verify this certificate online
at corp.delaware.gov/authver.shtml


Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 9195388

DATE: 12-02-11