APR 7 2014
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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E081 (11/10)

DOCUMENT # F12000004669

1. Corporation Name

Marsh JCS Inc.

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
1166 Ave of the Americas		121 River Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
		Tax Dept. 8th Floor	
City & State		City & State	
New York, NY		Hoboken, NJ	
Zip	Country	Zip	Country
10036	USA	07030	USA

4. Date Incorporated or Qualified To Do Business in Florida
11/15/2012

5. FEI Number
13-3403547
Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED $5.00 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road

Suite, Apt. #, etc.

City	State	Zip Code
Plantation	FL	33324

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent _____ Date 33324

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
EVP	Joseph M. McSweeny	1166 Avenue of the Americas	New York, NY 10036
SEC	Barry J. Kerschner	1166 Avenue of the Americas	New York, NY 10036
TRE	Helen Shan	1166 Avenue of the Americas	New York, NY 10036
VP	Joseph P. Gigliotti	121 River Street	Hoboken, NJ 07030
DIR	Joseph M. McSweeny	1166 Avenue of the Americas	New York, NY 10036
DIR	Peter Zaffino	1166 Avenue of the Americas	New York, NY 10036

10. E-mail Address: Lorraine.J.Mazza@mmc.com
(To be used for future annual report notification)

11. I certify that I am an officer or director of the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am 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.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

RE 4/7/14

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SECRETARY OF STATE FLORIDA

Florida Department of State

Division of Corporations

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CORPORATION REINSTATEMENT

MARSH JCS INC.

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