

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 03, 2003 8:00 am**  
**Secretary of State**

07-03-2003 90035 007 \*\*\*550.00

<b>DOCUMENT # F76802</b> 1. Entity Name HILB, ROGAL AND HAMILTON COMPANY OF TAMPA BAY, INC.				 	
<b>DO NOT WRITE IN THIS SPACE</b>					
2. Principal Place of Business 5405 CYPRESS CTR DR 330 Suite, Apt. #, etc.			3. Mailing Address P.O. BOX 23968 Suite, Apt. #, etc.		
City & State TAMPA, FL			City & State TAMPA, FL		
Zip 33623		Country USA		4. FEI Number 62-1135533	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
<b>7.- Name and Address of Current Registered Agent</b>					
Name THE PRENTICE-HALL CORPORATION SYSTEM, INC.					
Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET, SUITE 105					
City TALLAHASSEE				FL Zip Code 32301	
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 _____					
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		
\$5.00 May Be Added to Fees			<b>10. OFFICERS AND DIRECTORS</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP President David E. Sylvester 5405 Cypress CTR Dr 330 Tampa, FL 33623			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP Senior Vice President L. Scott Blum 5405 Cypress Ctr Dr 330 Tampa, FL 33623			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP Vice President Benjamin H. Tyler 800 North Magnolia Ave, Suite 1600 Orlando, FL 32803			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP Vice President Martin L. Vaughan, III 4951 Lake Brook Drive, Suite 500 Glen Allen, VA 23060			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP Treasurer Carolyn Jones 4951 Lake Brook Drive, Suite 500 Glen Allen, VA 23060			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP Secretary Walter L. Smith 4951 Lake Brook Drive, Suite 500 Glen Allen, VA 23060			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> <b>Walter L. Smith</b> <span style="float: right;">6/24/03 (804) 747-3175</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

CR2E034B (12/02)