

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **F93000000576**

1. Corporation Name

**ATLANTIC ALLIANCE FIDELITY AND SURETY COMPANY**

Principal Place of Business

100 DOBBS LANE  
SUITE 204  
CHERRY HILL NJ 08034  
US

Mailing Address

100 DOBBS LN STE 204  
CHERRY HILL NJ 08034  
US

**FILED**  
**Aug 24, 1999 8:00 am**  
**Secretary of State**

08-24-1999 90012 049 \*\*\*550.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**02/09/1993**

4. FEI Number

**22-2982568**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year  
Intangible Personal Property. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER  
THE CAPITOL  
TALLAHASSEE FL 32399-0300

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE  
NAME **MARABELLA, PAUL L**  
STREET ADDRESS **3 SCHOOLHOUSE DR**  
CITY-ST-ZIP **MEDFORD NJ**

TITLE **D** ☒ DELETE  
NAME **HESSERT, THOMAS J**  
STREET ADDRESS **603 CHEWS LANDING ROAD**  
CITY-ST-ZIP **HADDONFIELD NJ 08033**

TITLE **D** ☒ DELETE  
NAME **HESSERT, THOMAS J JR**  
STREET ADDRESS **10 GWEN COURT**  
CITY-ST-ZIP **CHERRY HILL NJ 08034**

TITLE **D** ☒ DELETE  
NAME **JOHNSTON, JAMES E JR**  
STREET ADDRESS **15 ALEXA DRIVE**  
CITY-ST-ZIP **OCEAN VIEW NJ 08230**

TITLE **D** ☒ DELETE  
NAME **RICCI, KENNETH C**  
STREET ADDRESS **4302 BLUESTONE ROAD**  
CITY-ST-ZIP **SOUTH EUCLID OH**

TITLE **D** ☒ DELETE  
NAME **SCARBOROUGH, ROBERT K**  
STREET ADDRESS **7 MAPLE LANE**  
CITY-ST-ZIP **COLLINGSWOOD NJ 08108**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**P**  
**Anderson, Lars M**  
**6 Pheasant Drive**  
**Lawrenceville, NJ 08648**

**T/D**  
**Conforti, Laurence**  
**388 North Post Road**  
**Princeton Junction, NJ 08550**

**S**  
**Latham, Gail E**  
**21 Buckingham Way**  
**Mount Laurel, NJ 08054**

**D**  
**Tammi Goldstein**  
**83 Ridge Hill Drive**  
**Toronto, Ontario**

**D**  
**Wilson, Catherine June**  
**3103 K'Yonge Street**  
**Toronto, Ontario**

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/13/99

(856) 795-5575

CR2E034 (5/99)

0116051