

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2004 8:00 am**  
**Secretary of State**

04-23-2004 90246 021 \*\*\*150.00

**DOCUMENT # F93000002511**

1. Entity Name  
**CHUBB INSURANCE SOLUTIONS AGENCY, INC.**



Principal Place of Business  
202 HALLS MILL ROAD  
PO BOX 1625  
WHITEHOUSE STATION, NJ 08889-1625

Mailing Address  
202 HALLS MILL ROAD  
PO BOX 1625  
WHITEHOUSE STATION, NJ 08889-1625

**94061830**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04162004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number  
**22-3197410**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND RD.**  
**PLANTATION, FL 33324**

Name

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **V** ☐ Delete  
NAME **BIRKENSTOCK, NANCY**  
STREET ADDRESS **202 HALLS MILL ROAD**  
CITY-ST-ZIP **WHITEHOUSE STATION, NJ 08889**

TITLE **VAS** ☒ Delete  
NAME **D'ONOFRIO, BEVERLY J**  
STREET ADDRESS **3 MOUNTAIN VIEW ROAD**  
CITY-ST-ZIP **WARREN, NJ 07059**

TITLE **VS** ☐ Delete  
NAME **GULICK, HENRY G**  
STREET ADDRESS **15 MOUNTAIN VIEW ROAD**  
CITY-ST-ZIP **WARREN, NJ 07059**

TITLE **AS** ☐ Delete  
NAME **OEHRL, JUDITH M**  
STREET ADDRESS **202 HALLS MILL ROAD**  
CITY-ST-ZIP **WHITEHOUSE STATION, NJ 08889**

TITLE **VT** ☒ Delete  
NAME **SEMPIER, PHILIP J**  
STREET ADDRESS **15 MOUNTAIN VIEW ROAD**  
CITY-ST-ZIP **WARREN, NJ 07059**

TITLE **D** ☐ Delete  
NAME **FERNANDEZ, EDWARD**  
STREET ADDRESS **202 HALLS MILL ROAD**  
CITY-ST-ZIP **WHITEHOUSE STATION, NJ 08889**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT** ☐ Change ☒ Addition  
NAME **KRISTEN PARK**  
STREET ADDRESS **202 HALLS MILL ROAD**  
CITY-ST-ZIP **WHITEHOUSE STATION NJ 08889**

TITLE **TREASURER** ☐ Change ☒ Addition  
NAME **DOUGLAS NORDSTROM**  
STREET ADDRESS **15 MOUNTAIN VIEW ROAD**  
CITY-ST-ZIP **WARREN NJ 07059**

TITLE **DIRECTOR** ☐ Change ☒ Addition  
NAME **THOMAS FITZPATRICK**  
STREET ADDRESS **1000 URBAN CENTER DRIVE**  
CITY-ST-ZIP **BIRMINGHAM AL 35242-2515**

TITLE **DIRECTOR** ☐ Change ☒ Addition  
NAME **CEYA SANTANA**  
STREET ADDRESS **12 VRELAND DRIVE**  
CITY-ST-ZIP **FLORENCE PARK NJ 07932**

TITLE **DIRECTOR** ☐ Change ☒ Addition  
NAME **GARY TRUST**  
STREET ADDRESS **202 HALLS MILL ROAD**  
CITY-ST-ZIP **WHITEHOUSE STATION NJ 08889**

TITLE ☐ Change ☐ Addition  
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**NANCY BIRKENSTOCK, VP**

Date

Daytime Phone #

**4/16/04 908-572-2301**