

2006 FOR PROFIT CORPORATION ANNUAL REPORT

06-26-2006 90001 014 ***150.00
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SECRET
TALLAHASSEE, FLORIDA

DOCUMENT # F93000002511 1. Entry 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		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		4. FEI Number 04242006 Chg-P CR2E034 (11/05) 22-3197410	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip Country		Zip Country		6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION, FL 33324	
7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when replacing) Signature, typed or printed name of registered agent and state if applicable. DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V BIRKENSTOCK, NANCY 202 HALLS MILL ROAD WHITEHOUSE STATION, NJ 08889		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HOLDEN, KRISTEN 202 HALLS MILL RD. WHITEHOUSE STATION, NJ 08889		TITLE NAME STREET ADDRESS CITY - ST - ZIP	SUSAN UELLA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS GULICK, HENRY G 15 MOUNTAIN VIEW ROAD WARREN, NJ 07059		TITLE NAME STREET ADDRESS CITY - ST - ZIP	W ANDREW MACAN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS OEHRLE, JUDITH M 202 HALLS MILL ROAD WHITEHOUSE STATION, NJ 08889		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T. NORDSTROM, DOUGLAS 15 MOUNTAIN VIEW RD. WARREN, NJ 07059		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FERNANDEZ, EDWARD 202 HALLS MILL ROAD WHITEHOUSE STATION, NJ 08889		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Nancy Birkenstock</u> <u>04/24/06</u> <u>908-572-2305</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					