

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

**FILED**  
**Jul 02, 2002 8:00 am**  
**Secretary of State**

07-02-2002 90812 004 \*\*\*550.00

DOCUMENT # **F93000003005**

1. Entity Name

**INDEPENDENT FINANCIAL MARKETING GROUP, INC**

**DO NOT WRITE IN THIS SPACE**

**B0126748**

2. Principal Place of Business <b>100 MANHATTANVILLE ROAD</b> Suite, Apt. #, etc. <b>ATTN: B. RIPEPI</b>		3. Mailing Address <b>100 MANHATTANVILLE ROAD</b> Suite, Apt. #, etc. <b>ATTN: B. RIPEPI</b>	
City & State <b>PURCHASE, NY</b>		City & State <b>PURCHASE, NY</b>	
Zip <b>10577</b>	Country <b>U.S.</b>	Zip <b>10577</b>	Country <b>U.S.</b>

DO NOT WRITE IN THIS SPACE

4. FEI Number <b>13-3585648</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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<b>DO NOT WRITE IN THIS SPACE</b>	7. Name and Address of Current Registered Agent	
	Name <b>CT CORPORATION SYSTEM</b>	
	Street Address (P.O. Box Number is Not Acceptable) <b>1200 S. PINE ISLAND ROAD</b>	
	City <b>PLANTATION</b>	FL <b>33324</b>

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.

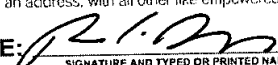
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE _____ <small>NOTIC: Registered Agent signature required when reinstating.</small>
9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. <input type="checkbox"/>	<p>January 1 - May 1: Fee is \$150.00 After May 1: Fee is \$550.00 Amended UBR is \$61.25*</p> <p>Make Check Payable to Department of State</p>
	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees

11. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PRESIDENT/DIRECTOR ROBERT L. SPADAFORA 100 MANHATTANVILLE ROAD PURCHASE, NY 10577</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>EVP/DIRECTOR BRUCE F. RIPEPI 100 MANHATTANVILLE ROAD PURCHASE, NY 10577</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>EVP/CFO ROBERT J. MCKENNA 100 MANHATTANVILLE ROAD PURCHASE, NY 10577</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>EVP/CHIEF ADMINISTRATIVE OFFICER JOANNE NOVAK 100 MANHATTANVILLE ROAD PURCHASE, NY 10577</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VP/TREASURER/SECRETARY CLIFFORD MICKENBERG 100 MANHATTANVILLE ROAD PURCHASE, NY 10577</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DIRECTOR JAMES A. McNULTY, III ONE SUN LIFE EXECUTIVE PARK WELLESLEY HILLS, MA 02481</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP

**DO NOT WRITE IN THIS SPACE**

CR2E034B (12/01)

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:  **BRUCE F. RIPEPI**      Date: **6-18-02**      Daytime Phone #: **914-696-5600**