

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000001282

FILED  
Mar 18, 2011  
Secretary of State

**Entity Name:** NYLINK INSURANCE AGENCY INCORPORATED

**Current Principal Place of Business:**

51 MADISON AVENUE  
NEW YORK, NY 10010

**New Principal Place of Business:**

**Current Mailing Address:**

51 MADISON AVENUE  
NEW YORK, NY 10010

**New Mailing Address:**

**FEI Number:** 13-3929029

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PCEO  
Name: ROCCHI, GERARD A  
Address: 51 MADISON AVENUE  
City-St-Zip: NEW YORK, NY 10010

Title: VPS  
Name: MARRION, CATHERINE A  
Address: 51 MADISON AVENUE  
City-St-Zip: NEW YORK, NY 10010

Title: VPT  
Name: WITTERSCHEIN, RICHARD J  
Address: 51 MADISON AVENUE  
City-St-Zip: NEW YORK, NY 10010

Title: DIR  
Name: HEBRON, ROBERT J  
Address: 51 MADISON AVENUE  
City-St-Zip: NEW YORK, NY 10010

Title: DIR  
Name: CULLEN, JOHN A  
Address: 51 MADISON AVENUE  
City-St-Zip: NEW YORK, NY 10010

Title: DIR  
Name: SCHIFF, ALBERT J  
Address: 51 MADISON AVENUE  
City-St-Zip: NEW YORK, NY 10010

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ANNE MEYER

POA

03/18/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date