

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000004374

1. Entity Name

SEDGWICK, INC.

FILED
Sep 12, 2000 8:00 am
Secretary of State

09-12-2000 90240 039 ***550.00

Principal Place of Business

1000 RIDGEWAY LOOP ROAD
MEMPHIS TN 38120

Mailing Address

1000 RIDGEWAY LOOP ROAD
MEMPHIS TN 38120

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

13-3543706

Applied For

Not Applicable

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PCD	<input checked="" type="checkbox"/> Delete
NAME	HEALEY, QUILL O	
STREET ADDRESS	3333 PEACHTREE ROAD, NE	
CITY-ST-ZIP	ATLANTA GA	
TITLE	VT	<input checked="" type="checkbox"/> Delete
NAME	O'DAY, JOHN E	
STREET ADDRESS	1000 RIDGEWAY LOOP ROAD	
CITY-ST-ZIP	MEMPHIS TN	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	ROBINSON, PATTIE J	
STREET ADDRESS	1000 RIDGEWAY LOOP ROAD	
CITY-ST-ZIP	MEMPHIS TN	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KUTELLA, RONALD J	
STREET ADDRESS	1000 RIDGEWAY LOOP ROAD	
CITY-ST-ZIP	MEMPHIS TN	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WIETELAK, JAMES B	
STREET ADDRESS	1000 RIDGEWAY LOOP ROAD	
CITY-ST-ZIP	MEMPHIS TN	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROGER E EGAN	
STREET ADDRESS	1166 Ave of the Americas	
CITY-ST-ZIP	N.Y N.Y 10036	
TITLE	Asst. Treasurer.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROGER A. SZAJNGARTEN	
STREET ADDRESS	1166 Ave of the Americas	
CITY-ST-ZIP	N.Y N.Y 10036	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARRY W. FURST	
STREET ADDRESS	1166 Ave of the Americas	
CITY-ST-ZIP	N.Y N.Y 10036	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRANDON Sweitzer	
STREET ADDRESS	1166 Ave of the Americas	
CITY-ST-ZIP	N.Y N.Y 10036	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALTER Tomenson	
STREET ADDRESS	1166 Ave of the Americas	
CITY-ST-ZIP	N.Y N.Y 10036	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROGER A. SZAJNGARTEN
Asst. Treasurer

Date

Daytime Phone #

9-5-00

212-345-6880

CR2E034 (5/00)

Marsh Inc.
One World Trade Center
New York, NY 10048
212 345 6000 Fax: 212 345 0822

Attachment
F98000004374
A0077008

MARSH

SEPT. 11,2000

DIVISION OF CORPORATIONS
UNIFORM BUSINESS REPORT FILINGS
P.O. BOX 1500
TALLAHASSEE, FL 32302-1500

RE: SEDGWICK, INC. (NY)
2000 ANNUAL REPORT
FEIN# 13-3543706

Gentlemen:

On behalf of the above named, please find enclosed the following:

_____	Income Tax Return,	Form # _____
_____	Franchise Tax Report,	Form # _____
_____	Estimated Tax Return,	Form # _____
<u>X</u>	ANNUAL REPORT	Form # _____

For the calendar year 2000
quarter ended

X Also enclosed is a check in the amount of \$550.00
in satisfaction of the required amount due.

_____ No payment is required to be submitted with the enclosed.

_____ The enclosed reflects an overpayment of \$ _____ to be:

_____ Refunded.
_____ Credited to estimated liability.

Please acknowledge receipt of the enclosed by stamping the duplicate of
this letter and returning it in the self-addressed enveloped enclosed.

Very truly yours,


JOANNE RUBINO
TAX ACCOUNTANT

Marsh Inc.
One World Trade Center
New York, NY 10048
212 345 6000 Fax: 212 345 0822

Attachment
F 98000004374

A00 77008

MARSH

SEPT. 11, 2000

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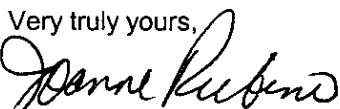
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JOANNE RUBINO
TAX ACCOUNTANT