

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2001 8:00 am
Secretary of State
 04-09-2001 90064 007 ***150.00

DOCUMENT # F98000004374

1. Entity Name
SEDGWICK, INC.

Principal Place of Business

1166 AVE OF THE AMERICANS
 NEW YORK NY 10036

Mailing Address

1166 AVE OF THE AMERICANS
 NEW YORK NY 10036

C0043444



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

One World Trade Center
98 W. 11th St. Dept.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

ny ny

4. FEI Number **13-3543706**

Applied For

Not Applicable

Zip

Country

Zip

Country

10048

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 \$150.00
After MAY 1, 2001 Fee will be \$550.00
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 ☐ Delete
 NAME **PCD**
 STREET ADDRESS **HEALEY, QUILL O**
 CITY-ST-ZIP **3333 PEACHTREE ROAD, NE ATLANTA GA**

TITLE ☒ Change ☐ Addition
 NAME *PO Roger E. Egan*
 STREET ADDRESS *1166 Ave of the Americas*
 CITY-ST-ZIP *ny ny 10036*

TITLE ☐ Delete
 NAME **VT**
 STREET ADDRESS **O'DAY, JOHN E**
 CITY-ST-ZIP **1000 RIDGEWAY LOOP ROAD MEMPHIS TN**

TITLE ☒ Change ☐ Addition
 NAME *T Roger A. Szajnarten*
 STREET ADDRESS *1166 Ave of the Americas*
 CITY-ST-ZIP *ny ny 10036*

TITLE ☐ Delete
 NAME **S**
 STREET ADDRESS **ROBINSON, PATTIE J**
 CITY-ST-ZIP **1000 RIDGEWAY LOOP ROAD MEMPHIS TN**

TITLE ☒ Change ☐ Addition
 NAME *S Barry W. Frost*
 STREET ADDRESS *1166 Ave of the Americas*
 CITY-ST-ZIP *ny ny 10036*

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **KUTELLA, RONALD J**
 CITY-ST-ZIP **1000 RIDGEWAY LOOP ROAD MEMPHIS TN**

TITLE ☒ Change ☐ Addition
 NAME *D Joe Salerno*
 STREET ADDRESS *1166 Ave of the Americas*
 CITY-ST-ZIP *ny ny 10036*

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **WIETELAK, JAMES B**
 CITY-ST-ZIP **1000 RIDGEWAY LOOP ROAD MEMPHIS TN**

TITLE ☒ Change ☐ Addition
 NAME *D Walter S. Tomenson, Jr*
 STREET ADDRESS *1166 Ave of the Americas*
 CITY-ST-ZIP *ny ny 10036*

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Roger A Szajnarten
Treasurer

4-2-01

Date

212-345-6000

Daytime Phone #

CR2E034 (10/00)