

**2000 UNIFORM BUSINESS REPORT (UBR)**

5/

**FILED**  
**Jul 13, 2000 8:00 am**  
**Secretary of State**

05-24-2000 90052 029 \*\*\*150.00

**DOCUMENT # F99000000787**

1. Entity Name

**MARSH FINANCIAL SERVICES, INC.**

*R*

Principal Place of Business

Mailing Address

1166 AVENUE OF THE AMERICAS  
 NEW YORK NY 10036

1166 AVENUE OF THE AMERICAS  
 NEW YORK NY 10036-2708

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**APPLIED FOR**

Applied For

Not Applicable

13-2618206

Zip

Country

Zip

Country

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 ROAD**  
**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

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, 2000 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 PD  
 STREET ADDRESS 1166 AVENUE OF THE AMERICAS  
 CITY-ST-ZIP NEW YORK NY

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME T  
 STREET ADDRESS SCHLINGHBAUM, JEFF  
 CITY-ST-ZIP 1166 AVENUE OF THE AMERICAS  
 NEW YORK NY

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME S  
 STREET ADDRESS O'BRIEN, MARGARET  
 CITY-ST-ZIP 1166 AVENUE OF THE AMERICAS  
 NEW YORK NY

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME D  
 STREET ADDRESS HOPKINS, THOMAS R  
 CITY-ST-ZIP 1166 AVENUE OF THE AMERICAS  
 NEW YORK NY

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME VD  
 STREET ADDRESS PHILLIPS JR, A D  
 CITY-ST-ZIP 500 WEST MONROE STREET  
 CHICAGO IL

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS

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: JEFF SCHLINGBAUM / TREASURER 4/28/00  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (9/99)