## **2006 FOR PROFIT CORPORATION**

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## Apr 24, 2006 8:00 am Secretary of State ANNUAL REPORT 04-24-2006 90399 020 \*\*\*150.00 DOCUMENT # F9900000787 MARSH EXECUTIVE BENEFITS, INC. Principal Place of Business Mailing Address 40057707 1166 AVENUE OF THE AMERICAS MARSH TAX DEPT NEW YORK, NY 10036 121 RIVER STREET 5TH FL HOBOKEN, NJ 07030 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04072006 Chg-P CR2E034 (11/05) City & State City & State 4 FEI Number Applied For 13-2618206 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PD TITLE ☐ Delete TITLE ☐ Change ☐ Addition WEBSTER, W. RICHARD NAME NAME STREET ADDRESS 100 N TYRON ST STREET ADDRESS CITY-ST-ZIP CHARLOTTE, NC 28202 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME GIGLIOTTI, JOSEPH NAME STREET ADDRESS 1166 AVENUE OF THE AMERICAS STREET ADDRESS CITY-ST-ZIP NEW YORK, NY 10036 CITY-ST-ZIP ASSISTANT SECRETARY TITLE TITLE Change Addition Delete Delete LEHAN, LAWRENCE O'BRIEN, MARGARET NAME NAME 1166 AVENUE OF THE-AMERICAS STREET ADDRESS 1166 AVENUE OF THE AMERICAST STREET ADDRESS CITY-\$T-ZIP NEW YORK, NY 10036 CITY-ST-ZIP NEW YORK, MY 10036 Detete TITLE ☐ Change TITLE Addition STANICK, KEITH NAME NAME STREET ADDRESS 121 RIVER ST STREET ADDRESS HOBOKEN, NJ 07030 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME STREET ADDRESS

CITY-ST-ZIP

JOSEPH P. GIGLIOTTI

FILED