2002 UNIFORM BUSINESS REPORT (UBR)

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SIGNATURE:

Feb 04, 2002 8:00 am DOCUMENT # F99000001391 **Secretary of State** 1. Entity Name 02-04-2002 90023 008 ***150 00 'NEW YORK UNDERWRITERS, INC. Mailing Address Principal Place of Business 1717 W NORTHERN AVE., #200 1717 W NORTHERN AVE., #200 PHOENIX AZ 85021 PHOENIX AZ 85021 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 86-0709233 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code City 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. 5> SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (9/01) ☐ Addition ☐ Delete TITLE TITLE PTD NAME MERTEL, MARK V NAME STREET ADDRESS 4401 E BERYL LANE STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP PHOENIX AZ Addition ☐ Change TITLE ☐ Delete TITLE NAME RANDALL, MARY J NAME STREET ADDRESS STREET ADDRESS 512 W. LAS PALMARITAS CITY-ST-7IP PHOENIX AZ CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE SD NAME MERTEL, MARIAM STREET ADDRESS STREET ADDRESS 4401 E. BERYL LANE CITY-ST-ZIP CITY-ST-ZIP PHOENIX AZ Change Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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