


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 02, 2005 8:00 am**  
**Secretary of State**

03-02-2005 90079 007 \*\*\*150.00

<b>DOCUMENT # F99000001717</b> 1. Entity Name <b>ESSEX NATIONAL INSURANCE AGENCY, INC.</b>			
Principal Place of Business <b>% ESSEX CORPORATION</b> <b>825 THIRD AVE</b> <b>NEW YORK, NY 10022</b>		Mailing Address <b>% ESSEX CORPORATION</b> <b>825 THIRD AVE</b> <b>NEW YORK, NY 10022</b>	
2. Principal Place of Business <b>825 Third Avenue</b> Suite, Apt. #, etc. <b>37th Floor</b> City & State <b>New York, NY</b> Zip <b>10022</b>		3. Mailing Address <b>825 Third Avenue</b> Suite, Apt. #, etc. <b>37th Floor</b> City & State <b>New York, NY</b> Zip <b>10022</b>	
4. FEI Number <b>13-4048160</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required		6. Name and Address of Current Registered Agent <b>CORPORATION SERVICE COMPANY</b> <b>1201 HAYS STREET</b> <b>TALLAHASSEE, FL 32301</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>CCEO</b> <b>CROWE, KEVIN E</b> <b>825 THIRD AVE</b> <b>NEW YORK, NY 10022</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>C</b> <b>CROWE, KEVIN E</b> <b>825 THIRD AVE</b> <b>NEW YORK, NY 10022</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>P</b> <b>NICHOLAS, FREDERICK S III</b> <b>825 THIRD AVE</b> <b>NEW YORK, NY 10022</b>	<input type="checkbox"/> Delete	<b>SEE ATTACHED</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>VS</b> <b>ZYTKOWICZ, GREGORY G</b> <b>825 THIRD AVE</b> <b>NEW YORK, NY 10022</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>V</b> <b>STODDART, TIM</b> <b>825 THIRD AVE</b> <b>NEW YORK, NY 10022</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>VCFO</b> <b>CIANCARELLI, STEPHEN V</b> <b>825 THIRD AVENUE</b> <b>NEW YORK, NY 10022</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 507, 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.			
<b>SIGNATURE:</b> <u>Stephen V Cincarella</u>		Date <u>2-23-05</u> Daytime Phone # <u>(212) 371-0303</u>	

# ATTACHMENT

20017844

## Essex National Insurance Agency, Inc. List of Officers & Directors

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<i>Name</i>	<i>Address</i>	<i>Title</i>
Kevin E. Crowe	825 Third Avenue New York, NY 10022	Chief Executive Officer
Frederick S. Nicholas III	825 Third Avenue New York, NY 10022	President
Gregory G. Zytowicz	825 Third Avenue New York, NY 10022	Vice President -Secretary
Stephen V. Ciancarelli	825 Third Avenue New York, NY 10022	Vice President / Chief Financial Officer / Assistant Treasurer
Timothy M. Stoddart	825 Third Avenue New York, NY 10022	Vice President
Craig C. McCulloch	215 Gateway Road West Napa, CA 94558	Vice President
John M. Cooney	215 Gateway Road West Napa, CA 94558	Vice President
Peter Copestake	200 Bloor Street East Toronto, Ontario M4W 1E5	Vice President / Treasurer
Cathy Hopkinson	200 Bloor Street East Toronto, Ontario M4W 1E5	Assistant Vice President, Treasury and Assistant Treasurer
David Hayter	200 Bloor Street East Toronto, Ontario M4W 1E5	Assistant Vice President, Securities Operations
Wayne Zuk	200 Bloor Street East Toronto, Ontario M4W 1E5	Vice President, Treasury and Assistant Treasurer

### Director

Kevin E. Crowe	825 Third Avenue New York, NY 10022	Director
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