(212)770-7000

2002 UNIFORM BUSINESS REPORT (UBR)

Signature Nymer or printed name of negatiered agent and title Augulication FILE NOW!!! FEE IS \$50.00	DOCUMENT # MOOOOOO1720 1. Entity Name CHAMBERBIZ INSURANCE AGENCY SERVICES, LLC								,				
Maining Address No CARP ROAD WILLIAMSTON DE 19809 7. Principal Place of Business Sute, Apt. #, etc. Sute, Apt. #, etc. City & State City & State City & State Converty Zip Country Zip								FILED					
SIND ARP ROLD WILLINGTON DE 19009 ATTHE BERNADETTE COLON NEW YORK NY 10270 2. Principal Place of Business Suite. April 4, etc. Do NOT WRITE IN THIS SPACE City & State City & State City & State City & State Country Applied For Not Applied For No	Principal Place of Punisces								02 M	IAY - I PM	3: 48	3	
ATTR. BERNADETE COLON NEW TORK NY 10270 ALL AHASSEE, FLORIDA APPRICAGE DO NOT WHITE IN THIS SPACE DO NOT WHITE IN THIS SPACE A. FEI Number 22-3746022 Applicable DO NOT WHITE IN THIS SPACE A. FEI Number 22-3746022 Applicable DO NOT WHITE IN THIS SPACE STORY Addition To Not White In In This Space A. FEI Number 22-3746022 A STORY Addition To Not White In In This Space A STORY Addition To Not White In In This Space A STORY Addition To Not White In In This Space To Not White In In This Space To Not Acceptable The above named entity subm to this statement for the purpose of changing its registered agent, or both, in this State of Floods TO Not Acceptable City FL Zio Code B. The above named entity subm to this statement for the purpose of changing its registered agent, or both, in this State of Floods TO Not Acceptable City FL Zio Code B. The above named entity subm to this statement for the purpose of changing its registered agent, or both, in this State of Floods TO Not Acceptable City FL Zio Code B. The above named entity subm to this statement for the purpose of changing its registered agent, or both, in this State of Floods TO Not Acceptable City FL Zio Code B. The above named entity subm to this statement for the purpose of changing its registered agent, or both, in this State of Floods TO Not Acceptable City FL Zio Code B. The above named entity subm to this statement for the purpose of changing its registered agent, or both, in this State of Floods TO Not Acceptable City FL Zio Code B. The above named entity subm to this statement for the purpose of changing its registered agent, or both, in this State of Floods TO Not Acceptable B. The above named entity subm to this statement for the purpose of changing its registered agent To Not Acce	•	-					eres	aritiny am	CTATE	-			
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Do NOT WRITE IN THIS SPACE	WILMINGTON DE 19809 AT			TN: BERNADETTE COLON				TALLAHASSEE, FLORIDA					
City & State City & State City & City	2. Principal Place of Business 3. N			Mailing Address									
Zep Country Zip Country	Suite, Apt.	#, etc.	uite, Apt. #, etc.						DO NOT WRITE	IN THIS S	SPACE		
S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 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. 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. 9. In address of New Registered Agent and title il application. FILE NOW!!! FEEL \$550.00 Make Check Payable to Department of State Due By May 1, 2002 9. MANAGING MEMBERS/MANAGERS IN ABOVE AGENT ADDRESS 9. MANAGING MEMBERS/MANAGERS IN AGE CHANGE AGENT ADDRESS IN AGENT	City & State			City & State				4. FEI No	umber	22-3746022	2		3
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-25255 City FL Zip Code B. 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 City FL Zip Code	Zip	Country	Z	ip	Coun	try		5. Certifi	cate of S	itatus Desired			
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Number is Not Acceptable) Street Address (P.O. Box Number is Number is Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not A		6. Name and Address of Current	t Registe	ered Agent				7. Name	and Add	dress of New Re			
1201 HAYS STREET TALLAHASSEE FI. 32301-2525 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered edifice or registered agent, or both, in the State of Florida. SIGNATURE Signature, Noted or prime name of ringitatered agent and lite if applicable. (PICPE Registered Agent, propose) Make Check Payable to Department of State Due By May 1, 2002 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES THE MARK AS CV., INC. 70 PINE STREET NEW YORK NY 10270 THE NAME STREET ADDRESS DO CALLY ROAD CITY-ST-2P MILMININGTON, DE 19809 Change Addition MARK STREET ADDRESS DO CALLY ROAD CITY-ST-2P MILMININGTON, DE 19809 Change Addition MARK STREET ADDRESS DO CALLY ROAD CITY-ST-2P MILMININGTON, DE 19809 Addition MARK STREET ADDRESS DO CALLY ROAD CITY-ST-2P MILMININGTON, DE 19809 Addition MARK STREET ADDRESS DO CALLY ROAD CITY-ST-2P MILMININGTON, DE 19809 Addition MARK STREET ADDRESS DO CALLY ROAD CITY-ST-2P MILMININGTON, DE 19809 Addition MARK STREET ADDRESS DO CALLY ROAD CITY-ST-2P MILMININGTON, DE 19809 Addition MARK STREET ADDRESS DO CALLY ROAD CITY-ST-2P MILMININGTON, DE 19809 Addition MARK STREET ADDRESS DO CALLY ROAD CITY-ST-2P MILMININGTON, DE 19809 Addition MARK STREET ADDRESS DO CALLY ROAD CITY-ST-2P MILMININGTON, DE 19809 Addition MARK STREET ADDRESS DO CALLY ROAD CITY-ST-2P MILMININGTON, DE 19809 Addition MARK STREET ADDRESS DO CALLY ROAD CITY-ST-2P MILMININGTON, DE 19809 Addition MARK STREET ADDRESS DO CALLY ROAD CITY-ST-2P MILMININGTON, DE 19809 Addition MARK STREET ADDRESS DO CALLY ROAD CITY-ST-2P MILMININGTON, DE 19809 Addition MARK STREET ADDRESS SO CALLY ROAD CITY-ST-2P MILMININGTON, DE 19809 Addition MARK STREET ADDRESS SO CALLY ROAD CITY-ST-2P MILMININGTON, DE 19809 Addition MARK STREET ADDRESS SO CALLY ROAD CITY-ST-2P MILMININGTON, DE 19809 ADDRESS STREET ADDRESS SO CALLY ROAD CITY-ST-2P MILMININGTON, DE 19809 ADDRESS STREET ADDRESS SO CALLY ROAD CITY-ST-2P MILMININGTON, DE 19809 ADDRESS STREET ADDRESS SO CALLY ROAD CITY-ST-2P MILMINI						Name							
B. 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, hypad or printed name of registered agent and little 8 applicable. PILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 SIGNATURE AGC VI, INC. 70 PINE STREET 70 PINE STREET NEW YORK NY 10270 Delete Delete Delete TILE NAME DOWN 11 FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 SIGNATURE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 SIGNATURE SIRET ADDRESS FOR C. P. DOWN B. ShertOck STREET ADDRESS FOR CARRACT CITY-ST-2P WILWINGTON, DE 19809 Change MAddition SIRET ADDRESS CITY-ST-2P TITLE NAME Delete TITLE NAME STREET ADDRESS CITY-ST-2P WILWINGSTON, DE 19809 TITLE NAME STREET ADDRESS CITY-ST-2P WILWINGSTON, DE 19809 TITLE NAME STREET ADDRESS CITY-ST-2P Change Change Addition TITE NAME STREET ADDRESS CITY-ST-2P NAME STREET ADDRESS CITY-ST-2P Change Change Addition TITE NAME STREET ADDRESS CITY-ST-2P NAME STREET ADDRESS CITY-ST-2P NAME STREET ADDRESS CITY-ST-2P Change Change Change Addition TITLE NAME STREET ADDRESS CITY-ST-2P NAME STREET ADDRESS CITY-ST-2P NAME STREET ADDRESS CITY-ST-2P NAME STREET ADDRESS CITY-ST-2P NAME STREET ADDRESS	120		ļ			reet Address (P.O. Box Number is Not Acceptable)							
B. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Rorida. Signature Signat	TAL	LAHASSEE FL 32301-2525											
SIGNATURE Signature Nymed or primed name of registered agent and title of applicable. PATE Registered Agent signature required when remotatorphy DATE							•					Zip Code)
Make Check Payable to Department of State Due By May 1, 2002 9. MANAGING MEMBERS/MANAGERS TITLE MARE AIG CVJ, INC. 70 PINE STREET NEW YORK NY 10270 TITLE MAME STREET ADDRESS CITY-ST-2P TITLE MAME CITY-ST-2P TITLE MAME STREET ADDRESS CITY-ST-2P MAME STREET ADDRESS STREE	SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE												
MANAGING MEMBERS/MANAGERS TITLE MAME AIG CW, INC. 70 PINE STREET NEW YORK NY 10270 Delete MAME STREET ADDRESS CITY-ST-ZIP MAME STREET ADDRESS STREET ADDRES	Make Check Payable					o Departn	nent of 9	State		-	er S	•	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NEW YOYK NY 10238 CITY-ST-ZIP NEW YOYK NY 1024 CHARGE NAME NAME NAME NAME NAME NAME NAME NAM	9.		ERS/MA	NAGERS	10.	,				ADDITIONS/C			
TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CI	NAME STREET ADDRESS	AIG CVJ, INC. 70 PINE STREET		□ Delete	NAME STREE	ET ADDRESS	John 501 (B. E burr	RO	ad	_		⊠ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS STREET A	NAME STREET ADDRESS			☐ Delete	NAME STREE	ET ADDRESS	l John 501 C	-Conf carr	alor Roc	ne ad	•	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS	NAME Street address			☐ Delete	NAME STREE	T ADDRESS	V Loret 50,1 ()	ta f	iver ROC	12) 12)	_	_ •	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS	NAME STREET ADDRESS			☐ Delete	NAME STREE	T ADDRESS	S Eliza 70 Pi	bett	> M Str	. TUCK ect			Addition
NAME Kristian P. Moor STREET ADDRESS 175 Worter Street	NAME STREET ADDRESS			☐ Delete	NAME STREE	T ADDRESS	TD		cok	150N	.	☐ Change	⊠ Addition
11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the	NAME STREET ADDRESS CITY-ST-ZIP	ertify that the information supplied with	this filin	a does not qualify for	NAME STREE CITY-	T ADDRESS ST-ZIP	75 W	YOKK 2011907	1 5t	reet 1 10038 Orida Statutas I fu	urther certi	fy that the int	tormation