

2001 UNIFORM BUSINESS REPORT (UBR)

0001235 AF

APPROVED
AND
FILED

01 MAY -1 PM 12:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

DOCUMENT # M00000002287

1. Entity Name

NASD INSURANCE AGENCY LLC

Principal Place of Business

33 WHITEHALL ST.
NEW YORK NY 10004

Mailing Address

33 WHITEHALL ST.
NEW YORK NY 10004

2. Principal Place of Business

70 Pine Street

Suite, Apt. #, etc.

City & State
New York, NY

Zip
10270

Country

3. Mailing Address

70 Pine Street

Suite, Apt. #, etc.

Attn: Bernadette Colon

City & State
New York, NY

Zip
10270

Country

4. FEI Number

13-4107366

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P/D	Kenneth M. Maher	33 Whitehall Street	new York, NY 10004	<input type="checkbox"/>
COO	Ralph Semeraro	33 Whitehall Street	New York, NY 10004	<input type="checkbox"/>
VP	Dean Boyle, Jr.	33 Whitehall Street	New York, NY 10004	<input type="checkbox"/>
S	Elizabeth M. TUCK	70 Pine Street	New York, NY 10270	<input type="checkbox"/>
T/D	Robert Jacobson	175 Water Street	New York, NY 10038	<input type="checkbox"/>
D	Kristian P. Moor	175 Water Street	New York, NY 10038	<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Elizabeth M. Tuck

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

(212) 770-7000

CR2E083 (11/00)

2



ACCOUNT NO. : 072100000032

REFERENCE : 134356 4320171

AUTHORIZATION

COST LIMIT : \$ 150.00

Patricia Piz
\$150.00

ORDER DATE : May 1, 2001

ORDER TIME : 11:15 AM

ORDER NO. : 134356-210

CUSTOMER NO: 4320171

CUSTOMER: Ms. Bernadette Colon
American International Group,
70 Pine Street
30th Floor
New York, NY 10270

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2001 MAY - 1 PM 12:13
NOT INTENDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

ANNUAL REPORT FILING

NAME: NASD INSURANCE AGENCY LLC

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Deborah Schroder - Ext. 1118

EXAMINER'S INITIALS: _____