

# 2002 UNIFORM BUSINESS REPORT (UBR)

0047100

DOCUMENT # M00000002287

1. Entity Name

NASD INSURANCE AGENCY LLC

FILED

02 MAY -1 PM 3: 43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

70 PINE ST.  
NEW YORK NY 10270

Mailing Address

70 PINE ST.  
ATTN: BERNADETTE COLON  
NEW YORK NY 10270

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

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

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

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**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE PD  
NAME MAHER, KENNETH M  
STREET ADDRESS 33 WHITEHALL ST.  
CITY-ST-ZIP NEW YORK NY 10004 ☒ Delete

TITLE CPD  
NAME William McGinty  
STREET ADDRESS 40 Rector Street  
CITY-ST-ZIP New York, NY ☐ Change ☒ Addition

TITLE COO  
NAME SEMERARO, RALPH  
STREET ADDRESS 33 WHITEHALL ST.  
CITY-ST-ZIP NEW YORK NY 10004 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VP  
NAME BOYLE, DEAN JR.  
STREET ADDRESS 33 WHITEHALL ST.  
CITY-ST-ZIP NEW YORK NY 10004 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE S  
NAME TUCK, ELIZABETH M  
STREET ADDRESS 70 PINE ST.  
CITY-ST-ZIP NEW YORK NY 10270 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE TD  
NAME JACOBSON, ROBERT  
STREET ADDRESS 175 WATER ST.  
CITY-ST-ZIP NEW YORK NY 10038 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D  
NAME MOOR, KRISTIAN P  
STREET ADDRESS 175 WATER ST.  
CITY-ST-ZIP NEW YORK NY 10038 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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 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 REQUIRED

4/30/02

(212) 770-7000

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

Date

Daytime Phone #

CFR2E083 (9/01)