

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

1482

0073283

DOCUMENT # M00000002287

1. Entity Name

NASD INSURANCE AGENCY LLC



FILED

03 APR 29 AM 9:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



☒ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY - ST - ZIP	CPD MCGINTY, WILLIAM 40 RECTOR STREET NEW YORK NY 10004	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	COO SEMERARO, RALPH 33 WHITEHALL ST. NEW YORK NY 10004	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP BOYLE, DEAN JR. 33 WHITEHALL ST. NEW YORK NY 10004	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S TUCK, ELIZABETH M 70 PINE ST. NEW YORK NY 10270	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD JACOBSON, ROBERT 175 WATER ST. NEW YORK NY 10038	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MOOR, KRISTIAN P 175 WATER ST. NEW YORK NY 10038	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD 1 Liberty Plaza New York, NY 10006	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD Keogh, John W. 175 Water Street New York, NY 10038	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	700017350377	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Supriya P. Mohan* SIGNATURE REQUIRED

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

Date

Daytime Phone #

4/22/03 (212) 770-7000

CR2E083 (10/02)



CORPORATION SERVICE COMPANY™

282

ACCOUNT NO. : 072100000032

REFERENCE : 073352 4320171

AUTHORIZATION :

Patricia Piquero

COST LIMIT : \$ 50.00

ORDER DATE : April 29, 2003

ORDER TIME : 11:20 AM

ORDER NO. : 073352-215

CUSTOMER NO: 4320171

CUSTOMER: Ms. Nancy Wong
American International Group,
30th Floor, 70 Pine Street
- Corporate
New York, NY 10270

RECEIVED
03 APR 29 PM 4:37
DEPT. of STATE
DIVISION of CORPORATIONS
TALLAHASSEE, FLORIDA

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: Sara Lea-EXT#1114

EXAMINER'S INITIALS: _____