2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 09, 2004
Secretary of State

DOCUMENT# M03000001898

Entity Name: ALLIED NORTH AMERICA INSURANCE BROKERAGE OF VIRGINIA, LLC

Current Principal Place of Business:

2111 WILSON BLVD., SUITE 700
ARLINGTON, VA 22201

New Principal Place of Business:

Current Mailing Address:

2111 WILSON BLVD., SUITE 700
ARLINGTON, VA 22201

New Mailing Address:

FEI Number: 82-0581861 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MEMBERS:

Title:	MGRM	( ) Delete
Name:	MARINO, WILLIAM A	
Address:	390 N BROADWAY	
City-St-Zip:	JERICHO, NY 11753	
Title:	MGRM	( ) Delete
Name:	LOMBARDI, HENRY C	
Address:	390 N BROADWAY	
City-St-Zip:	JERICHO, NY 11753	
Title:	MGRM	( ) Delete
Name:	STEVENSON, DAVID	
Address:	390 N BROADWAY	
City-St-Zip:	JERICHO, NY 11753	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: WILLIAM A MARINO MGRM 01/09/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date