2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M0800000052

FILED Apr 30, 2009 Secretary of State

Entity Name: ALLIED NORTH AMERICA INSURANCE BROKERAGE OF NEW JERSEY, LLC

Current Principal Place of Business: New Principal Place of Business:

15 INDEPENDENCE BLVD., SUITE 440 15 INDEPENDENCE BLVD, SUITE 440

WARREN, NJ 07059 WARREN, NJ 07059

Current Mailing Address: New Mailing Address:

390 N BROADWAY JERICHO, NY 11753

FEI Number: 01-0768026 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

NRAI SERVICES, INC 2731 EXECUTIVÉ PARK DRIVE, SUITE 4 WESTON, FL 33331

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:

Date

ADDITIONS/CHANGES:

Electronic Signature of Registered Agent

MANAGING MEMBERS/MANAGERS:

CEO Title: (X) Change () Addition () Delete

MARINO, WILLIAM A MARINO, WILLIAM A Name: Name: 390 N. BROADWAY Address: 390 N BROADWAY Address: City-St-Zip: JERICHO, NY 11753 City-St-Zip: JERICHO, NY 11753

Title: COO () Delete Title: COO (X) Change () Addition Name:

LOMBARDI, HENRY C Name: LOMBARDI, HENRY C Address: 390 N. BROADWAY Address: 390 N BROADWAY City-St-Zip: JERICHO, NY 11753 City-St-Zip: JERICHO, NY 11753

Title: () Delete Title: CFO (X) Change () Addition

MCGANN, PETER M MCGANN, PETER M Name: Name: 390 N. BROADWAY Address: Address: 390 N BROADWAY City-St-Zip: JERICHO, NY 11753 City-St-Zip: JERICHO, NY 11753

(X) Change () Addition Title: () Delete Title: **PRES**

Name: HYLAND, JOHN P Name: HYLAND, JOHN P

15 INDEPENDENCE BLVD., STE. 440 15 INDEPENDENCE BLVD, SUITE 440 Address: Address:

City-St-Zip: WARREN, NJ 07059 City-St-Zip: WARREN, NJ 07059

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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 04/30/2009