

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M98000001151

1. Entity Name
LIFE INSURANCE SOLUTIONS, LLC

FILED

00 JAN 12 AM 8:32

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business
**ONE CHASE MANHATTAN PLAZA
NEW YORK NY 10005**

Mailing Address
**ONE CHASE MANHATTAN PLAZA
NEW YORK NY 10005-1401**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **43-1796357**

Applied For
Not Applicable

Zip Country

Zip Country

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**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME ☐ Delete
MGR HARTNETT, MICHAEL J
STREET ADDRESS **ONE CHASE MANHATTAN PLAZA**
CITY- ST- ZIP **NEW YORK NY 10005**

☐ Change ☐ Addition
800003103728--8
-01/20/00--01014--016
*******50.00 *****50.00**

TITLE NAME ☐ Delete
MGR CROSS, JOHN
STREET ADDRESS **ONE CHASE MANHATTAN PLAZA**
CITY- ST- ZIP **NEW YORK NY 10005**

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

TITLE NAME ☐ Delete
MGR KOPPE, SETH
STREET ADDRESS **1610 DES PERES ROAD**
CITY- ST- ZIP **ST. LOUIS MO 63131**

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

TITLE NAME ☐ Delete
MGR GARLICH, CHRIS
STREET ADDRESS **1610 DES PERES ROAD**
CITY- ST- ZIP **ST. LOUIS MO 631**

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Michael J. Hartnett

01/07/00 (212)859.2672

Date

Daytime Phone #