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CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 15 PM 3:06

DOCUMENT # P10434 (9)

1. Corporation Name
ALEXANDER & ALEXANDER CONSULTING GROUP INC.

Principal Place of Business	Mailing Address
125 CHUBB AVENUE LYNDHURST NJ 07071	~~125 CHUBB AVENUE~~ ~~LYNDHURST NJ 07071~~

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 21	2a. Mailing Address 26 10461 Mill Run Circle	3. Date Incorporated or Qualified 06/13/1986	3a. Date of Last Report 03/14/1994
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 Attn: Corporate Secretary Dept	4. FEI Number 22-2221888	Applied For Not Applicable
City & State 23	City & State 28 Owings Mills, MD	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 21117 / 30	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	☐ Change ☐ Addition
NAME	SEELEY, DONALD L.	12 NAME	
STREET ADDRESS	540 WEST RD	13 STREET ADDRESS	
CITY-ST-ZIP	NEW CANNA CT	14 CITY-ST-ZIP	
TITLE	CD	21 TITLE	☐ Change ☐ Addition
NAME	BURGER, NEIL	22 NAME	
STREET ADDRESS	51 INVERNESS RD	23 STREET ADDRESS	
CITY-ST-ZIP	SCARSDALE NY	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	HAMMER, MARK	32 NAME	
STREET ADDRESS	1 CHAPEL HILL RD	33 STREET ADDRESS	
CITY-ST-ZIP	OAKLAND NJ	34 CITY-ST-ZIP	
TITLE	S	41 TITLE	☐ Change ☐ Addition
NAME	RUSSELL, ALICE L.	42 NAME	
STREET ADDRESS	2802 FOREST GLEN DRIVE	43 STREET ADDRESS	
CITY-ST-ZIP	BALDWIN MD	44 CITY-ST-ZIP	
TITLE	T	51 TITLE	☐ Change ☐ Addition
NAME	KERSHAW, R. ALAN	52 NAME	
STREET ADDRESS	10461 MILL RUN CR.	53 STREET ADDRESS	
CITY-ST-ZIP	OWINGS MILLS MD	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Alice L. Russell Alice L. Russell Secretary 2/8/95 (410) 363-5801
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000617 CP