

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P10434 (9)

1. Corporation Name

ALEXANDER & ALEXANDER CONSULTING GROUP INC.



Principal Place of Business

125 CHUBB AVENUE
LYNDHURST NJ 07071

Mailing Address

10461 MILL RUN CIRCLE
OWINGS MILLS MD 21117
US

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified
06/13/1986

3a. Date of Last Report
02/15/1995

4. FET Number
22-2221888

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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

Signature of person making statement (if not the taxpayer)

Signature of Agent (Signature required for new agent)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, ST., ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY, ST., ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY, ST., ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY, ST., ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY, ST., ZIP

DP
SEELEY, DONALD L.
540 WEST RD
NEW CANNA CT

☐ DELETE

CD
BURGER, NEIL
51 INVERNESS RD
SCARSDALE NY

☐ DELETE

D
HAMMER, MARK
1 CHAPEL HILL RD
OAKLAND NJ

☐ DELETE

S
RUSSELL, ALICE L.
2802 FOREST GLEN DRIVE
BALDWIN MD

☐ DELETE

T
KERSHAW, R. ALAN
10461 MILL RUN CR.
OWINGS MILLS MD

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, ST., ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY, ST., ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY, ST., ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY, ST., ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY, ST., ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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)(k), 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 for or on an attachment with an address.

SIGNATURE:

Alice L. Russell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Alice L. Russell - Secretary

2/9/96

(410) 363-5805

CR2E034 (12/95)