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Feb 19 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
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 21117-5500  
US**



|                                |                     |                     |                     |
|--------------------------------|---------------------|---------------------|---------------------|
| 2. Principal Place of Business |                     | 2a. Mailing Address |                     |
| 21                             | Suite, Apt. #, etc. | 26                  | Suite, Apt. #, etc. |
| 22                             | City & State        | 27                  | City & State        |
| 23                             | Zip                 | 28                  | Country             |
| 24                             | Country             | 29                  | Zip                 |
| 25                             |                     | 30                  |                     |

|   |  |
|---|--|
| 3. Date Incorporated or Qualified<br><b>06/13/1986</b>  | 3a. Date of Last Report<br><b>02/14/1996</b> |
| 4. FEI Number<br><b>22-2221888</b>  | Applied For<br>Not Applicable                |
| 5. Certificate of Status Desired <input type="checkbox"/>   | <b>\$8.75</b> Additional Fee Required        |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>  | <b>\$5.00</b> May Be Added to Fees           |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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   |
| 85 | Zip Code   |

**FL**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS |   |
|----------------------------|---|
| TITLE                      | DP <input checked="" type="checkbox"/> DELETE |
| NAME                       | <b>SEELEY, DONALD L.</b>                      |
| STREET ADDRESS             | <b>540 WEST RD-</b>                           |
| CITY - ST - ZIP            | <b>NEW CANNA CT</b>                           |
| TITLE                      | CD <input type="checkbox"/> DELETE            |
| NAME                       | <b>BURGER, NEIL</b>                           |
| STREET ADDRESS             | <b>51 INVERNESS RD</b>                        |
| CITY - ST - ZIP            | <b>SCARSDALE NY</b>                           |
| TITLE                      | D <input type="checkbox"/> DELETE             |
| NAME                       | <b>HAMMER, MARK</b>                           |
| STREET ADDRESS             | <b>1 CHAPEL HILL RD</b>                       |
| CITY - ST - ZIP            | <b>OAKLAND NJ</b>                             |
| TITLE                      | S <input type="checkbox"/> DELETE             |
| NAME                       | <b>RUSSELL, ALICE L.</b>                      |
| STREET ADDRESS             | <b>2802 FOREST GLEN DRIVE</b>                 |
| CITY - ST - ZIP            | <b>BALDWIN MD</b>                             |
| TITLE                      | T <input type="checkbox"/> DELETE             |
| NAME                       | <b>KERSHAW, R. ALAN</b>                       |
| STREET ADDRESS             | <b>10461 MILL RUN CR.</b>                     |
| CITY - ST - ZIP            | <b>OWINGS MILLS MD</b>                        |
| TITLE                      | <input type="checkbox"/> DELETE               |
| NAME                       |   |
| STREET ADDRESS             |   |
| CITY - ST - ZIP            |   |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|---|---|
| 1.1 TITLE   | <b>Managing Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME  | <b>Randall Abbott</b>   |
| 1.3 STREET ADDRESS                                    | <b>121 South Mountain Avenue</b>  |
| 1.4 CITY - ST - ZIP                                   | <b>Montclair, NJ 07042</b>  |
| 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                     |
| 2.2 NAME  |   |
| 2.3 STREET ADDRESS                                    |   |
| 2.4 CITY - ST - ZIP                                   |   |
| 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                     |
| 3.2 NAME  |   |
| 3.3 STREET ADDRESS                                    |   |
| 3.4 CITY - ST - ZIP                                   |   |
| 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                     |
| 4.2 NAME  |   |
| 4.3 STREET ADDRESS                                    |   |
| 4.4 CITY - ST - ZIP                                   |   |
| 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                     |
| 5.2 NAME  |   |
| 5.3 STREET ADDRESS                                    |   |
| 5.4 CITY - ST - ZIP                                   |   |
| 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                     |
| 6.2 NAME  |   |
| 6.3 STREET ADDRESS                                    |   |
| 6.4 CITY - ST - ZIP                                   |   |

14. I do 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 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*

Signature and typed or printed name of signing officer or director

2/13/97 410-363-5805

Date

Daytime Phone

CR2E034 (9/96)