

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 123 N. Wacker Dr. Suite, Apt. #, etc. 22 City & State 23 Chicago, IL Zip 24 60606 Country 25 US		2a. Mailing Address 26 Tax Dept, P.O. Box 8264 Suite, Apt. #, etc. 27 City & State 28 Chicago, IL Zip 29 60680 Country 30 US		3. Date incorporated or Qualified 06/13/1986	4. FEI 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ 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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 filed if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	ASST. V.P. - TAXES	☐ Change ☒ Addition
NAME	ABBOTT, RANDALL		1.2 NAME	Susan Fyda	
STREET ADDRESS	121 SOUTH MOUNTAIN AVENUE		1.3 STREET ADDRESS	123 N. Wacker Dr.	
CITY-ST-ZIP	MONTCLAIR NJ		1.4 CITY-ST-ZIP	Chicago, IL 60606	
TITLE	CD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BURGER, NEIL		2.2 NAME		
STREET ADDRESS	51 INVERNESS RD		2.3 STREET ADDRESS		
CITY-ST-ZIP	SCARSDALE NY		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	HAMMER, MARK		3.2 NAME		
STREET ADDRESS	1 CHAPEL HILL RD		3.3 STREET ADDRESS		
CITY-ST-ZIP	OAKLAND NJ		3.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	RUSSELL, ALICE L.		4.2 NAME		
STREET ADDRESS	2802 FOREST GLEN DRIVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	BALDWIN MD		4.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	KERSHAW, R. ALAN		5.2 NAME		
STREET ADDRESS	10461 MILL RUN CR.		5.3 STREET ADDRESS		
CITY-ST-ZIP	OWINGS MILLS MD		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. 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 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 as an attachment with an address.

SIGNATURE:

FILED

Susan Fyda

4/22/98 (2/27/98)-2078

CR2E034 (10/97)

DIRECTORS:

Michael K. White Director
SSN : 466-60-5396
Primary : 1211 Avenue of the Americas
Address : New York, NY 10036

OFFICERS:

B. Alan Kershaw **Treasurer**

Susan Fyda Asst. Vice Pres. – Tax