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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # 1. Corporation Name P10435

(6)

ALEXANDER & ALEXANDER BENEFITS SERVICES INC.

Principal Place of Business Mailing Address  125 CHUBB AVE 10461 MILL RUN CIR					<del></del>						
LYNDHURST NJ 07071 OWINGS M			MILLS MD 21117-5500			1					
US US							3. Date incorporated or Qualified 3a. Date of Last Report 06/13/1986 02/14/1996				
2. Principal P	lace of Business	2a. Mailing A	ddress		,		4. FEI Number	<u> </u>	Apr	plied For	
21		26			<del></del>		22-2232264			Applicable	
Suite, Apt	#, etc.	Suite, Ap	t. #, øtc.				5. Certificate of Status Desired		<b>\$8.75</b> A Fee Rec		
City & Stat	0	City & Sta	ate				6. Election Campaign Financing		\$5.00	<u>`</u>	
23		28					Trust Fund Contribution		Added to		
Ζιρ	Country	Zip		Countr	У		8. This corporation has liability for	ntangible ta	cunder s.	199.032,	
24	25 29 3 9. Name and Address of Current Registered Agent		30			Florida Statutes  O. Name and Address of New Re	Yes 🗌				
THI	E PRENTICE-HALL CORPORATION			81	Name		IV. Hallie and Address of New As	RISIGIAN VA	PILL		
	) HAYS STREET	on oronan, me	<b>,</b>		0		/O.O. Davidson in Not Assessed	la)			
	ITE 105			82	Stree	t Address	(P.O. Box Number is Not Acceptab	ile)			
TAL	LAHASSEE FL 32301			8:	3						
				84	City			<b>—</b>	<b>85</b> Zip C	ode	
44 Durawant	to the provisions of Sections 607.05	03 and 607 1609 E	lorida Ĉtalui	lon the abo	10 0000	d corpora	tion submits this statement for the r	FL	anaina ita	registered	
office or r	registered agent, or both, in the Stat	e of Florida. Such c	hange was	authorized t	by the co	rporation	s board of directors. I hereby accep	t the appoir	itment as r	registered	
~	mī familiar with, and accept the obliq	gations of, Section (	607.0505, FI	orida Statute	<b>9</b> S.						
SIGNATURE	Stgr atunc, typest or printed name of registered as	gent and title if applicable.	(NO	TE: Registered A	gent signatu	w berluper ex	then reinstating)	DATE	<del></del>		
12.		ND DIRECTORS		13.			ADDITIONS/CHANGES TO OFFIC				
TITLE	CEOD GOODYEAR, JOHN L.	L	DELETE	11 TITLE				L.	J Change	Addition	
NAME	2 HIGH VIEW RD.			1.2 NAME		.				i	
STREET ADDRESS	OSSINING NY				T ADDRESS	<b>'</b>					
CITY - ST - ZIP TITLE	D		DELETE	1.4 CFTY - 2.1 TITLE		-+		Е	Change	Addition	
NAME	SEELEY, DONALD L.	•		2.2 NAME				***			
STREET ADDRESS	-540 WEST ROAD			2.3 STRE	ET ADDRESS	;					
CHY-ST: ZIP	-NEW CANAM CT-			2. 4 CITY	-ST-ZIP						
TITLE	D	[.	_ DELETE	3.1 TITLE					Change	☐ Addition	
NAME	HAMMER, MARK			3.2 NAME							
STREET ADDRESS	1 Campel Hill RD Oakland NJ			1	et address	i					
CITY - ST - ZIP TITLE	SV		DELETE	3.4. CITY					Change	Addition	
NAME	RUSSELL, ALICE L.	<b>k.</b> .	J OLLEIL	4.2 NAM			·		1 CHRUÑO		
STREET ADDRESS	2802 FOREST GLEN DR.			1	et address	,					
CITY - ST - ZIP	BALDWIN MD			4.4 CITY							
TITLE	T	L	DELETE	5.1 TITLE		1			Change	Addition	
NAME	KERSHAW, R. ALAN			5 2 NAMI	Ē						
STREET ADDRESS	10461 MILL RUN CIR.			53 STAE	ET ADDRESS	;					
CITY-ST-ZIP	OWINGS MILLS MD		Theres	5.4 CITY				·····	10.	1.427	
THE		L	DELETE	6.1 TIFLE				L	_! Change	Addition	
NAME Diotes in the process				6.2 NAMI		.					
STREET ADORESS					ET ADDRESS	<b>,</b> [					
CITY-ST-ZIP 14. I do here	by certify that the information suppli	ed with this filing d	oes not qual	6.4 CITY lify for the ex	emption	stated in	Section 119.07(3)(i), Florida Statute	s. I further c	ertify that f	the	
informat-c	on indicated on this annual report or officer or director of the corporation	supplemental anni	ual report is	true and aci	curate ar	nd that my	signature shall have the same lega	il effect as if	made uno	der oath; that	

SIGNATURE:

& Secretary

appears in Block 12 or Block 13 if changed, or on an attachment with an address

2/13/97

410-363-5805

**FILED** 

Feb 19 1997 8:00am

Secretary of State

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