

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P30954

1. Entity Name

ALEXANDER HOWDEN REINSURANCE INTERMEDIARIES, INC

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90174 022 ***150.00

Principal Place of Business

Mailing Address

123 N WACKER DR
 CHICAGO IL 60606
 US

TAX DEPT
 P.O. BOX 8264
 CHICAGO IL 60680-8264
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 13-6105211

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

NA

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	ILES, RONALD A.	
STREET ADDRESS	8 DEVONSHIRE SQ.	
CITY-ST-ZIP	LONDON, ENGLAND	
TITLE	D	<input type="checkbox"/> Delete
NAME	BARNES, SIMON S.	
STREET ADDRESS	8 DEVONSHIRE SQ.	
CITY-ST-ZIP	LONDON, ENGLAND	
TITLE	D	<input type="checkbox"/> Delete
NAME	CANTLAY, PIERS	
STREET ADDRESS	8 DEVONSHIRE SQ.	
CITY-ST-ZIP	LONDON, ENGLAND	
TITLE	V	<input type="checkbox"/> Delete
NAME	BAER, JEROME I	
STREET ADDRESS	123 N WACKER DR	
CITY-ST-ZIP	CHICAGO IL 60606	
TITLE	T	<input type="checkbox"/> Delete
NAME	HARDY, ARLENE H	
STREET ADDRESS	123 N WACKER DR	
CITY-ST-ZIP	CHICAGO IL 60606	
TITLE	S	<input type="checkbox"/> Delete
NAME	JESCHKE, ARLENE	
STREET ADDRESS	123 N WACKER DR	
CITY-ST-ZIP	CHICAGO IL 60606	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/00

Date

Daytime Phone #