

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Aug 30, 1999 8:00 am
Secretary of State

08-30-1999 90003 013 ***550.00

**PROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P38723

1. Corporation Name

AMERICAN E & S INSURANCE BROKERS NEW YORK, INC.

Principal Place of Business

40 FULTON ST
NEW YORK NY 10038
US

Mailing Address

% ~~RAMONA GLOZEWKI~~ Andrew Kleinwaks
40 FULTON ST
NEW YORK NY 10038
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/01/1992

4. FEI Number

13-3560056

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 the current year
Intangible Personal Property. ☐ Yes ☒ No

2. Principal Place of Business

21 40 Fulton St.

Suite, Apt. #, etc.

22 15th Floor

City & State

23 New York NY

Zip

24 10038

Country

25 US

2a. Mailing Address

26 % Andrew Kleinwaks

Suite, Apt. #, etc.

27 40 Fulton St 15th Floor

City & State

28 New York NY

Zip

29 10038

Country

30 US

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE SD ☐ DELETE

NAME EATON, N

STREET ADDRESS 111 MONUMENT CIR, 3200

CITY-ST-ZIP INDIANAPOLIS IN 46204

TITLE VD ☐ DELETE

NAME LORIS, ROSE

STREET ADDRESS 40 FULTON ST

CITY-ST-ZIP NEW YORK NY

TITLE CP ☐ DELETE

NAME BRADY, D

STREET ADDRESS 101 CALIFORNIA ST, 1125

CITY-ST-ZIP SAN FRANCISCO CA 94111

TITLE TD ☒ DELETE

NAME MAIB, K

STREET ADDRESS 111 MONUMNET CIR, 3200

CITY-ST-ZIP INDIANAPOLIS IN 46204

TITLE VP ☒ DELETE

NAME DRAGO, T

STREET ADDRESS 40 FULTON ST, 15TH FL

CITY-ST-ZIP NEW YORK NY 10038

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 on an attachment with an address.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)