2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P38723

1. Entity Name

AMERICAN E & S INSURANCE BROKERS NEW YORK, INC.

Principal Place of Business Mailing Address 40 FULTON ST C/O ANDREW KLEINWAKS

FILED Sep 13, 2000 8:00 am Secretary of State

09-13-2000 90024 022 ***550.00

| 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. City & State | NEW YORK NY 10038 US | | | NEW YORK NY 10038 US | | | | A 0077529 | | | | | | |
|--|---|---------------------------------------|-----------------|-------------------------|-------------|------------|--|--------------|-----------|-------------|-------------|----------|-------------|--|
| City & State City & State City & State City & State City & State A. FEI Number 13-3560056 Applied for Not Applicable, Not Applicable, Not Applicable, Not Applicable, St. Certificate of Status Desired Se. 75 Additional Frequency Sec. 75 Add | 2. Principal Place of Business | | | 3. Mailing Address | | | | | | | | | | |
| South Sout | Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | | | DO'N | OT WRITE | IN THIS SP | ACE | | |
| S. Cerimical or Status Desired — Foo Required — Name and Address of New Registered Agent — Name | City & State | • | | City & State | | | 4. | FEI Number | 13- | 3560056 | i | <u> </u> | · | |
| CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION FL 33324 City FL Zip Code City FL Zip Co | Zip | Country | | Zip | Zip Country | | 5. | | | | | | | |
| STORMATHING SOUTH PINE ISLAND RD. PLANTATION FL 33324 City FL Zip Code City FL Zip | | 6. Name and Addres | s of Current Re | gistered Agent | | | 7. | Name and A | Address o | f New Reg | jistered Ag | ent | | |
| 1200 SOUTH PINE ISLAND RD. PLANTATION FL 33324 City FL Zip Code | | | Name | | | | | | | | | | | |
| 1200 SOUTH PINE ISLAND RD. PLANTATION FL 33324 City FL Zip Code | C T CORPORATION SYSTEM | | | | | 0.000 | | | | | | | | |
| PLANTATION FL 33324 8. The gbove named entity submits this statement for the purpose of changing list registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature flower for prived name of registered agent and their application (POTE Registered Agent storation required when remotative) 9. This corporation is eligible to satisfy its intangible Task fling registered in back) Signature flower for prived name of registered agent and their application (POTE Registered Agent storation required when remotative) 9. This corporation is eligible to satisfy its intangible Task fling registered agent storation required when remotative) 9. This corporation is eligible to satisfy its intangible Task fling registered Agent storation required when remotative) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1. 11. OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1. 11. MANE STREET ADDRESS 11. NAME LORIS, ROSE 4. FURTHER ADDRESS 11. NAME STREET ADDRESS 11. NAME LORIS, ROSE 4. FURTHER ADDRESS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1. 11. MONUMENT CIR, 3200 INTEL ADDRESS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1. 11. MONUMENT CIR, 3200 INTEL ADDRESS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1. 13. THE ADDRESS 14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1. 15. Change Addition 16. Change Addition 17. STAP 17. | | | | Street A | | | adress (H.O. Box Number is Not Acceptable) | | | | | | | |
| 8. The gbove named entity submits this statement for the purpose of changing its registered effice or registered agent, or both, in the State of Florida. SIGNATURE Signatural topical or joining interest agent and close if applications. (MOTE: Registered Agent signature required Anan retiralisting.) 9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE SD EATON, N ITHE NAME LORIS, ROSE 40 FULTON ST ITHE NAME LORIS, ROSE 40 FULTON ST CP Defalte TITLE NAME SIREET ADDRESS CITY-ST-2IP TITLE CP Defalte TITLE NAME SIREET ADDRESS CITY-ST-2IP TITLE CP Defalte TITLE CP Defalte TITLE CP Defalte TITLE NAME SIREET ADDRESS CITY-ST-2IP Defalte TITLE NAME SIREET ADDRESS CITY-ST-2IP DEFALT TITLE NAME SIREET | | | | | | | | | | | | | | |
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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: