

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P41052

1. Entity Name

SEDGWICK JAMES OF ARKANSAS, INC.

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90119 002 ***150.00

Principal Place of Business

400 HARDIN ROAD
100
LITTLE ROCK AR 72211
US

Mailing Address

1000 RIDGEWAY LOOP RD
P.J. ROBINSON, LEGAL DEPT
MEMPHIS TN 38120-4045
US

2. Principal Place of Business

1166 Ave of the Americas

3. Mailing Address

one World Trade Center 9830
TAX Dept - Attn: J. Rubin

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ny ny

City & State

ny ny

Zip

10036

Country

US

Zip

10048

Country

US



DO NOT WRITE IN THIS SPACE

4. FEI Number

71-0401126

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

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

TITLE	P	<input type="checkbox"/> Delete
NAME	PERRA, MICHAEL	
STREET ADDRESS	000 RIDGEWAY LOOP RD	
CITY-ST-ZIP	MEMPHIS TN 38120	
TITLE	VT	<input checked="" type="checkbox"/> Delete
NAME	O'DAY, JOHN E	
STREET ADDRESS	1000 RIDGEWAY LOOP RD	
CITY-ST-ZIP	MEMPHIS TN	
TITLE	S	<input type="checkbox"/> Delete
NAME	ROSENBLOOM, ALAN B.	
STREET ADDRESS	1000 RIDGEWAY LOOP RD	
CITY-ST-ZIP	MEMPHIS TN	
TITLE	AS	<input type="checkbox"/> Delete
NAME	ROBINSON, PATTIE J	
STREET ADDRESS	1000 RIDGEWAY LOOP ROAD	
CITY-ST-ZIP	MEMPHIS TN	
TITLE	CD	<input type="checkbox"/> Delete
NAME	HEALEY, QUILL O.	
STREET ADDRESS	3333 PEACHTREE ROAD NE	
CITY-ST-ZIP	ATLANTA GA	
TITLE	D	<input type="checkbox"/> Delete
NAME	KUTELLA, RONALD J	
STREET ADDRESS	1000 RIDGEWAY LOOP ROAD	
CITY-ST-ZIP	MEMPHIS TN	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President + Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Roger E. Egan	
STREET ADDRESS	1166 Ave of the Americas	
CITY-ST-ZIP	ny ny 10036	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Barry W. Furst	
STREET ADDRESS	1166 Ave of the Americas	
CITY-ST-ZIP	ny ny 10036	
TITLE	Asst Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Barry W. Furst	
STREET ADDRESS	1166 Ave of the Americas	
CITY-ST-ZIP	ny ny 10036	
TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Roger A. Spangston	
STREET ADDRESS	1166 Ave of the Americas	
CITY-ST-ZIP	ny ny 10036	
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert J. Newhouse III	
STREET ADDRESS	1166 Ave of the Americas	
CITY-ST-ZIP	ny ny 10036	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-90-00 212-345-6000

CR2E034 (9/99)

Marsh USA Inc.
One World Trade Center
New York, NY 10048
212 345 6000 Fax: 212 345 0822

P41052
953140

MARSH

APRIL 24, 2000

DIVISION OF CORPORATIONS
UNIFORM BUSINESS REPORT FILINGS
P.O. BOX 1500
TALLAHASSEE, FL 32302-1500

RE: MARSH USA INC.(AR)
F/K/A SEGWICK OF ARKANSAS, INC.
2000 ANNUAL REPORT
FEIN# 71-0401126

Gentlemen:

On behalf of the above named, please find enclosed the following:

_____	Income Tax Return,	Form # _____
_____	Franchise Tax Report,	Form # _____
_____	Estimated Tax Return,	Form # _____
<u>X</u>	ANNUAL REPORT	Form # _____

For the calendar year 2000 quarter ended

X Also enclosed is a check in the amount of \$150.00
in satisfaction of the required amount due.

_____ No payment is required to be submitted with the enclosed.

_____ The enclosed reflects an overpayment of \$ _____ to be:

_____ Refunded.
_____ Credited to estimated liability.

Please acknowledge receipt of the enclosed by stamping the duplicate of
this letter and returning it in the self-addressed enveloped enclosed.

Very truly yours,



JOANNE RUBINO
TAX ACCOUNTANT

Marsh USA Inc.
One World Trade Center
New York, NY 10048
212 345 6000 Fax: 212 345 0822

104/1052
953140

MARSH

APRIL 24, 2000

DIVISION OF CORPORATIONS
UNIFORM BUSINESS REPORT FILINGS
P.O. BOX 1500
TALLAHASSEE, FL 32302-1500

RE: MARSH USA INC.(AR)
F/K/A SEGWICK OF ARKANSAS, INC.
2000 ANNUAL REPORT
FEIN# 71-0401126

Gentlemen:

On behalf of the above named, please find enclosed the following:

_____	Income Tax Return,	Form # _____
_____	Franchise Tax Report,	Form # _____
_____	Estimated Tax Return,	Form # _____
<u>X</u>	ANNUAL REPORT	Form # _____

For the calendar year 2000
quarter ended

X Also enclosed is a check in the amount of \$150.00
in satisfaction of the required amount due.

_____ No payment is required to be submitted with the enclosed.

_____ The enclosed reflects an overpayment of \$ _____ to be:

_____ Refunded.

_____ Credited to estimated liability.

Please acknowledge receipt of the enclosed by stamping the duplicate of
this letter and returning it in the self-addressed enveloped enclosed.

Very truly yours,



JOANNE RUBINO
TAX ACCOUNTANT