

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2001 8:00 am**  
**Secretary of State**  
 04-17-2001 90121 048 \*\*\*150.00

**DOCUMENT # P41052**

1. Entity Name  
**SEDGWICK JAMES OF ARKANSAS, INC.**

Principal Place of Business  
**1166 AVENUES OF THE AMERICA  
 NEW YORK NY 10036  
 US**

Mailing Address  
**ONE WORLD TRADE CTR., 98TH FLOOR  
 TAX DEPT - ATTN: J RUBIN  
 NEW YORK NY 10048  
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **71-0401126**

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

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, 2001 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  
 NAME **PD EGAN, ROGER E** ☐ Delete  
 STREET ADDRESS **1166 AVENUE OF THE AMERICAS**  
 CITY-ST-ZIP **NEW YORK NY 10036**

TITLE  
 NAME ☐ Change ☐ Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME **S FURST, BARRY W** ☐ Delete  
 STREET ADDRESS **1166 AVENUE OF THE AMERICAS**  
 CITY-ST-ZIP **NEW YORK NY 10036**

TITLE  
 NAME ☐ Change ☐ Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME **AS HIRSH, GARY** ☐ Delete  
 STREET ADDRESS **1166 AVENUE OF THE AMERICAS**  
 CITY-ST-ZIP **NEW YORK NY 10036**

TITLE  
 NAME **AS MARK J. DALLARA** ☒ Change ☐ Addition  
 STREET ADDRESS **1166 Ave of the Americas**  
 CITY-ST-ZIP **ny ny 10036**

TITLE  
 NAME **T SZAJNGARTON, ROGER A** ☐ Delete  
 STREET ADDRESS **1166 AVENUE OF THE AMERICAS**  
 CITY-ST-ZIP **NEW YORK NY 10036**

TITLE  
 NAME ☐ Change ☐ Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME **D NEWHOUSE III, ROBERT** ☐ Delete  
 STREET ADDRESS **1166 AVENUE OF THE AMERICAS**  
 CITY-ST-ZIP **NEW YORK NY 10036**

TITLE  
 NAME **D Walter S. Tomenson Jr.** ☒ Change ☐ Addition  
 STREET ADDRESS **1166 Ave of the Americas**  
 CITY-ST-ZIP **ny ny 10036**

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME **D Joe Salerno** ☐ Change ☒ Addition  
 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)(b), 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**Treasurer**  
**ROGER A SZAJNGARTON 4-6-01 212-345-6000**

CR2E034 (10/00)

Attachment # P 41052

821403

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



April 20, 2001

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

RE: MARSH USA INC. (AR)  
F/K/A SEDGWICK OF ARKANSAS, INC.  
2001 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 2001  
quarter ended

\_\_\_\_\_ Also enclosed is a check in the amount of \$150.00

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

Attachment # P41052

82/403

**MARSH**  
An **MMC** Company

April 20, 2001

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

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JOANNE RUBINO  
TAX ACCOUNTANT