2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000060917

Entity Name: B-R INSURANCE BROKERS, INC.

FILED Apr 11, 2008 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:	
100 BROAD	DWAY 4TH FLC K, NY 10005				
Current Mailing Address:			New Mailir	New Mailing Address:	
555 PLEASANTVILLE RD. #160S BRIARCLIFF MANOR, NY 10510					
FEI Number:	13-3899487	FEI Number Applied For ()	El Number Not Appli	cable () Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US					
The above in the State		bmits this statement for the purpo	ose of changing it	s registered office or registered agent, or both,	
SIGNATUR	E:				
Electronic Signature of Registered Agent				Date	
Election Cam	paign Financing 1	rust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () D KAPLAN, ARNOL 100 BROADWAY NEW YORK, NY	В	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DS () D NEWBORN II, ER 555 PLEASANTVI BRIARCLIFF MAN	NEST J LLE RD.	Title: Name: Address: City-St-Zip:	S (X) Change () Addition CURLEY, MARY 555 PLEASANTVILLE RD. BRIARCLIFF MANOR, NY 10510	
Title: Name: Address: City-St-Zip:	T () D HESS, DAVE 555 PLEASANTVI BRIARCLIFF MAN	LLE RD.	Title: Name: Address: City-St-Zip:	T (X) Change () Addition O'BRIEN, JAMES 555 PLEASANTVILLE RD. BRIARCLIFF MANOR, NY 10510	
Title: Name: Address: City-St-Zip:	() D	elete	Title: Name: Address: City-St-Zip:	D () Change (X) Addition SORRENTINO, JOHN 555 PLEASANTVILLE RD. BRIARCLIFF MANOR, NY 10510	
Title: Name: Address: City-St-Zip:	() D	elete	Title: Name: Address: City-St-Zip:	CEO () Change (X) Addition KREITZBERG, DOUGLAS 1 INTERNATIONAL PLAZA PHILADELPHIA, PA 19013	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY CURLEY S 04/11/2008