## 2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000004056

Entity Name: STARR AVIATION AGENCY, INC.

**Current Principal Place of Business:** 

3353 PEACHTREE ROAD N.E.

**SUITE 1000** 

ATLANTA, GA 30326

**Current Mailing Address:** 

3353 PEACHTREE ROAD N.E.

**SUITE 1000** 

ATLANTA, GA 30326 US

FEI Number: 13-1947675 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM C/O C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US

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:

Address

Electronic Signature of Registered Agent Date

Name

WEAVER, LYNN W.

Officer/Director Detail:

Title DIRECTOR, PRESIDENT, CEO Title DIRECTOR

Name BLAKEY, STEVEN G. Name CLEMENTE, JOHN

Address 399 PARK AVENUE, 2ND FLOOR Address 3353 PEACHTREE ROAD N.E.

City-State-Zip: NEW YORK NY 10022

City-State-Zip: NEW FORK NT 10022 City-State-Zip: ATLANTA GA 30326

Title DIRECTOR, SENIOR VICE

PRESIDENT, CHIEF UNDERWRITING Title DIRECTOR

OFFICER

Name SPARKS, KYLE ANTHONY Address 3353 PEACHTREE ROAD N.E, SUITE

3353 PEACHTREE ROAD N.E,SUITE 1000

1000 City-State-Zip: ATLANTA GA 30326

City-State-Zip: ATLANTA GA 30326

Title SECRETARY

Name MURRAY, JULIE

Name LUIKERT, JOHN A.

Address 399 PARK AVENUE,8TH FLOOR

Address 3353 PEACHTREE ROAD N.E., SUITE City-State-Zip: NEW YORK NY 10022

City-State-Zip: ATLANTA GA 30326

Title ASSISTANT VICE PRESIDENT

Title CONTROLLER Name BURGESS, DEVIN

Name PATEL, NIRAJ Address 399 PARK AVENUE, 2ND FLOOR

Address 3353 PEACHTREE RD, NE,SUITE 1000 City-State-Zip: NEW YORK NY 10022

City-State-Zip: ATLANTA GA 30326

I hereby 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 all other like empowered.

SIGNATURE: JULIE MURRAY SECRETARY 04/10/2018

FILED Apr 10, 2018

**Secretary of State** 

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