

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

**DOCUMENT # 824539**  
 1. Entity Name  
**GUY CARPENTER & COMPANY**



FILED  
 04 NOV 15 PM 3:55  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Principal Place of Business  
**C/O DANNY WONG  
 114 WEST 47TH STREET  
 NEW YORK, NY 10036**

Mailing Address  
**C/O DANNY WONG  
 114 WEST 47TH STREET  
 NEW YORK, NY 10036**

2. Principal Place of Business <b>121 RIVER STREET</b> Suite, Apt. #, etc. <b>5th FLOOR</b> City & State <b>HOBOKEN, NJ</b> Zip <b>07030</b>	3. Mailing Address <b>121 RIVER STREET</b> Suite, Apt. #, etc. <b>TAX DEPT. - 5th FL.</b> City & State <b>HOBOKEN, NJ</b> Zip <b>07030</b>
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10292004 REIN-P CR2E098 (6/04)

4. FEI Number <b>13-4985720</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**-6- Name and Address of Current Registered Agent-**

**CT CORPORATION SYSTEM  
 1200 S. PINE ISLAND ROAD  
 PLANTATION, FL 33324**

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE **200042751922**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After January 1, 2005, Fee will be \$300.00**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE	<b>P</b> <input checked="" type="checkbox"/> Delete
NAME	<b>OLONOFF, JILL G.</b>
STREET ADDRESS	<b>114 WEST 47TH STREET</b>
CITY-ST-ZIP	<b>NEW YORK, NY 10036</b>
TITLE	<b>AVP</b> <input checked="" type="checkbox"/> Delete
NAME	<b>ACETI, SANDRA</b>
STREET ADDRESS	<b>324 WATSON AVE</b>
CITY-ST-ZIP	<b>LYNDHURST, NJ 07071</b>
TITLE	<b>VP</b> <input checked="" type="checkbox"/> Delete
NAME	<b>WONG, DANNY</b>
STREET ADDRESS	<b>114 WEST 47TH STREET</b>
CITY-ST-ZIP	<b>NEW YORK, NY 10036</b>
TITLE	<b>AVP</b> <input checked="" type="checkbox"/> Delete
NAME	<b>ADAMS, DOROTA</b>
STREET ADDRESS	<b>1265 E WINGATE ST</b>
CITY-ST-ZIP	<b>COVINA, CA 91724</b>
TITLE	<b>VO</b> <input checked="" type="checkbox"/> Delete
NAME	<b>ADAMUSIK, ALLYSON</b>
STREET ADDRESS	<b>7 BAYVIEW CT</b>
CITY-ST-ZIP	<b>LONG BRANCH, NJ 07740</b>
TITLE	<b>VP</b> <input checked="" type="checkbox"/> Delete
NAME	<b>ADLER, DONNA</b>
STREET ADDRESS	<b>444 E 20TH ST #6C</b>
CITY-ST-ZIP	<b>NEW YORK, NY 10009</b>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<b>PRESIDENT/DIRECTOR</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>EDMUND MEGNA, JR.</b>
STREET ADDRESS	<b>ONE MADISON AVE, 4th FL.</b>
CITY-ST-ZIP	<b>NEW YORK, NY 10010</b>
TITLE	<b>CEO/DIRECTOR</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SALVATORE ZAFFINO</b>
STREET ADDRESS	<b>ONE MADISON AVE., 4th FL.</b>
CITY-ST-ZIP	<b>NEW YORK, NY 10010</b>
TITLE	<b>VICE PRESIDENT</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>JOSEPH GIGLIOTTI</b>
STREET ADDRESS	<b>1166 AVE OF THE AMERICAS</b>
CITY-ST-ZIP	<b>NEW YORK, NY 10036</b>
TITLE	<b>VICE PRESIDENT</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>KEITH STANICK</b>
STREET ADDRESS	<b>121 RIVER STREET, 5th FL.</b>
CITY-ST-ZIP	<b>HOBOKEN, NJ 07030</b>
TITLE	<b>TREASURER</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ROGER SZAJNBARTEN</b>
STREET ADDRESS	<b>1166 AVE OF THE AMERICAS</b>
CITY-ST-ZIP	<b>NEW YORK, NY 10036</b>
TITLE	<b>SECRETARY</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MICHAEL BORIK</b>
STREET ADDRESS	<b>ONE MADISON AVE, 4th FL.</b>
CITY-ST-ZIP	<b>NEW YORK, NY 10010</b>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Joseph P. Gigliotti DATE: 11/05/04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #