



2005

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 105413		2. Exact name of the limited liability company INTERNEX, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island INTERNATIONAL INSURANCE BROKERS	
5. Principal office address 1130 TEN ROD ROAD, SUITE E-103		City N. KINGSTOWN	State RI
			Zip 02852
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name BERT de BONT		Contact Title SENIOR VICE PRESIDENT	
Street Address 1130 TEN ROD ROAD, SUITE E-103		City N. KINGSTOWN	State RI
			Zip 02852
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52			
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name BERT DE BONT		Address	
Address 1130 TEN ROD ROAD, SUITE E-130		City NORTH KINGSTOWN	Zip 02852

This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.



Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

File Date 5/18/06 *105413*

Check No. 2937

By: B

FOR SECRETARY OF STATE USE ONLY

Bert de Bont 5/15/06
Signature of Authorized Person Date
Bert de Bont
Print or Type Name of Authorized Person



LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004

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(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 105413		2. Exact name of the limited liability company INTERNEX, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island INTERNATIONAL INSURANCE BROKERS			
5. Principal office address 1130 TEN ROD ROAD, SUITE E-103			City N. KINGSTOWN	State RI	Zip 02852
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name BERT de BONT			Contact Title SENIOR VICE PRESIDENT		
Street Address 1130 TEN ROD ROAD, SUITE E-103			City N. KINGSTOWN	State RI	Zip 02852
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52					
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name BERT DE BONT			Address		
Address 1130 TEN ROD ROAD, SUITE E-130			City NORTH KINGSTOWN	Zip 02852	

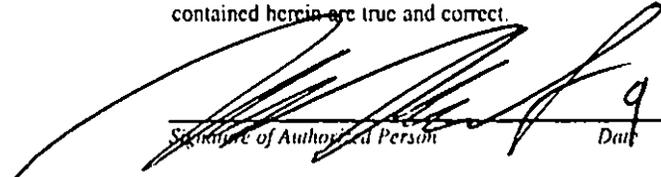
This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.



* 1 0 5 4 1 3 *

File Date	<u>9/10/04</u>
Check No.	<u>2710</u>
By:	<u>DA</u>
FOR SECRETARY OF STATE: USE ONLY	

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.


Signature of Authorized Person 9/9/04
Date
BERT de BONT
Print or Type Name of Authorized Person



LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2003

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No 105413		2. Exact name of the limited liability company INTERNEX, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island INTERNATIONAL INSURANCE BROKERS			
5. Principal office address 1130 TEN ROD ROAD, SUITE E-103		City N. KINGSTOWN	State RI	Zip 02852	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name BERT de BONT			Contact Title SENIOR VICE PRESIDENT		
Street Address 1130 TEN ROD ROAD, SUITE E-103		City N. KINGSTOWN	State RI	Zip 02852	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52					
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name BERT DE BONT			Address		
Address 1130 TEN ROD ROAD, SUITE E-130		City NORTH KINGSTOWN	Zip 02852		

This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.



Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

File Date 9-11-03
 Check No. 2577
 By: [Signature]
 FOR SECRETARY OF STATE USE ONLY

[Signature] Date 9/9/03
 Signature of Authorized Person
BERT de BONT
 Print or Type Name of Authorized Person

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2002

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 105413		2. Exact name of the limited liability company INTERNEX, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island INTERNATIONAL INSURANCE BROKERS	
5. Principal office address 1130 TEN ROD ROAD, SUITE E-103		City N. KINGSTOWN	State RI
		Zip 02852	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name BERT de BONT		Contact Title SENIOR VICE PRESIDENT	
Street Address 1130 TEN ROD ROAD, SUITE E-103		City N. KINGSTOWN	State RI
		Zip 02852	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L 7-16-12 (a) (2) / 7-16-52			
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name BERT DE BONT		Address	
Address 1130 TEN ROD ROAD, SUITE E-130		City NORTH KINGSTOWN	Zip 02852

This report must be signed in ink by an authorized person pursuant to 7-16-66.



* 1 0 5 4 1 3 *

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

File Date	9.30.02
Check No.	2451
By:	<i>Bert de Bont</i>
FOR SECRETARY OF STATE USE ONLY	

Bert de Bont
Signature of Authorized Person
Date: 9/26/02
Bert de Bont
Print or type Name of Authorized Person

Filing Fee: \$50.00

To be filed annually between
September 1 and November 1



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Corporations Division
100 North Main Street Providence, Rhode Island 02903-1335
Telephone (401) 222-3040

LIMITED LIABILITY COMPANY

ID Number DLLC 105413

Annual Report for the year 2001

1. The name of the limited liability company is:

INTERNEX, LLC

2. The address of the principal office of the limited liability company is:

1130 TEN ROD ROAD, SUITE E-103; NORTH KINGSTOWN, RI 02852

3. The state or other jurisdiction under the laws of which it is formed is RHODE ISLAND

4. The name and address of its resident agent is: Bert deBont
~~PAUL P. CRISTOFARO, ESQ.~~

1130 Ten Rod Road, Suite E-103, North Kingstown, RI 02852
~~x THE OAKLARK TOWER 400 RESERVATION # 8182 SUITE 8 x PROVIDENCE RI 02807x~~

5. The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: BERT de BONT 1130 TEN ROD ROAD, STE. E-103

NORTH KINGSTOWN, RI 02852

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: INTERNATIONAL INSURANCE BROKERS

7. If the limited liability company has managers, the name and address of each manager of the limited liability company

Name	Address
_____	_____
_____	_____
_____	_____

Dated 08/29/01

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.



INTERNEX, LLC

Exact Name of Limited Liability Company

By Bert de Bont
SENIOR VICE PRESIDENT

Title

FOR SECRETARY OF STATE FILED

File Date: **SEP 12 2001**

Check No.:

By: SC 66
CK # 2300

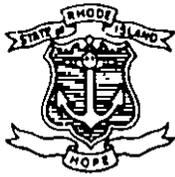
Form No. 632
Revised 01/99

DETACH BOTTOM BEFORE RETURNING

Please detach and mail the above section including payment in the amount of \$50.00 made payable to Secretary of State. If the registered office and/or registered agent indicated below has changed, Form 642 must be filed in this office. Forms may be

Filing Fee: \$50.00

To be filed annually between
September 1 and November 1



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Corporations Division
100 North Main Street Providence, Rhode Island 02903-1335
Telephone (401) 222-3040

LIMITED LIABILITY COMPANY

ID Number DLLC 105413

Annual Report for the year 2000

1. The name of the limited liability company is:

INTERNEX, LLC

2. The address of the principal office of the limited liability company is:

1130 TEN ROD ROAD, SUITE E-103; NORTH KINGSTOWN, RI 02852

3. The state or other jurisdiction under the laws of which it is formed is RHODE ISLAND

4. The name and address of its resident agent is: ~~PAUL T. DICKSTOFANO, ESQ~~ Bert deBont

1130 Ten Rod Road, Suite E-103, North Kingstown, RI 02852

~~THE GALAXY TOWER RESERVOIR AVENUE PROVIDENCE RI 02907~~

5. The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: BERT de BONT, SENIOR VICE PRESIDENT

1130 TEN ROD ROAD, SUITE E-103; NORTH KINGSTOWN, RI 02852

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: INTERNATIONAL INSURANCE BROKERS

7. If the limited liability company has managers, the name and address of each manager of the limited liability company

Name

Address

Dated 11/29/00

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.



INTERNEX, LLC

Exact Name of Limited Liability Company

By [Signature]

Title

11/29/00

FOR SECRETARY OF STATE USE ONLY	
File Date:	<u>11/29</u>
Check No.:	<u>2206</u>
By:	<u>de</u>