

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000004490

FILED  
Apr 06, 2004  
Secretary of State

Entity Name: APPLIED RISK SERVICES, INC.

**Current Principal Place of Business:**

10805 OLDMILL RD  
OMAHA, NE 68154

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 3646  
OMAHA, NE 681030646

**New Mailing Address:**

FEI Number: 94-3339969

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: FERENC, SIDNEY  
Address: 10805 OLD MILL RD  
City-St-Zip: OMAHA, NE 68154

Title: SD ( ) Delete  
Name: MENZIES, STEVEN  
Address: 10805 OLD MILL RD  
City-St-Zip: OMAHA, NE 68154

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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: SIDNEY FERENC

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04/06/2004

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date