

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90362 018 ***150.00

04/14/03 AT

DOCUMENT # F00000004490

1. Entity Name
APPLIED RISK SERVICES, INC.



Principal Place of Business
**10805 OLD MILL RD
OMAHA NE 68154**

Mailing Address
**P O BOX 3646
OMAHA NE 68103-0646**

0001000000



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **94-3339969**

Applied For
Not Applicable

CHECK HERE IF MAKING CHANGES

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	PD FERENC, SIDNEY	<input type="checkbox"/> Delete
STREET ADDRESS	5 THOMAS MELLON CIRCLE STE 365	
CITY-ST-ZIP	SAN FRANCISCO CA 94134	
TITLE NAME	SD MENZIES, STEVEN	<input type="checkbox"/> Delete
STREET ADDRESS	1018 DODGE ST.	
CITY-ST-ZIP	OMAHA NE	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME	PD Sidney Ferenc	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	10805 Old Mill Road	
CITY-ST-ZIP	Omaha, NE 68154	
TITLE NAME	SD Steven Menzies	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	10805 Old Mill Road	
CITY-ST-ZIP	Omaha, NE 68154	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Sidney Ferenc **REQUIRED** Sidney Ferenc 4-8-03 (402) 342-4900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)