2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2009
Secretary of State

DOCUMENT# F01000003552

Entity Name: MSI RISK MANAGEMENT SERVICES, INC.

Current Principal Place of Business:

312 ELM STREET STE 1100
CINCINNATI, OH 45202 US

New Principal Place of Business:

Current Mailing Address:

15 INDEPENDENCE BLVD
WARREN, NJ 07059 US

New Mailing Address:

FEI Number: 31-0987905 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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:	GARCIA, GARY R	
Address:	15 INDEPENDENCE BLVD	
City-St-Zip:	WARREN, NJ 07059 US	
Title:	STVD	( ) Delete
Name:	TAKATOI, TAKESHI	
Address:	15 INDEPENDENCE BLVD	
City-St-Zip:	WARREN, NJ 07059 US	
Title:	TVD	( ) Delete
Name:	FARRELL, JOSEPH L	
Address:	15 INDEPENDENCE BLVD	
City-St-Zip:	WARREN, NJ 07059 US	
Title:	D	( ) Delete
Name:	DOME, LEONARD S	
Address:	ONE BATTERY PARK PLAZA	
City-St-Zip:	NEW YORK, NY 10004 US	
Title:	VD	( ) Delete
Name:	SANO, HIDEKI	
Address:	15 INDEPENDENCE BLVD	
City-St-Zip:	WARREN, NJ 07059 US	
Title:	AS	( ) Delete
Name:	CURTIS, JR, WILLIAM J	
Address:	15 INDEPENDENCE BLVD	
City-St-Zip:	WARREN, NJ 07059 US	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	DOME, LEONARD S	
Address:	92 DEER RUN	
City-St-Zip:	ROSLYN HEIGHTS, NY 11577 US	
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 exemption stated in Chapter 119, 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: WILLIAM J. CURTIS, JR. AS 01/27/2009

Electronic Signature of Signing Officer or Director Date