

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000004612

FILED  
Apr 30, 2012  
Secretary of State

**Entity Name:** NORTHSTAR RISK MANAGEMENT & INSURANCE SERVICES, INC.

**Current Principal Place of Business:**

1777 BOTELHO DR.  
STE 360  
WALNUT CREEK, CA 94596

**New Principal Place of Business:**

**Current Mailing Address:**

1777 BOTELHO DR.  
STE 360  
WALNUT CREEK, CA 94596

**New Mailing Address:**

**FEI Number:** 68-0307094      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

NRAI SERVICES, INC.  
515 E. PARK AVENUE  
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

**OFFICERS AND DIRECTORS:**

Title: CHRM  
Name: BATES, CHARLES W  
Address: 1777 BOTELHO DR. STE 360  
City-St-Zip: WALNUT CREEK, CA 94596

Title: S  
Name: BATES, CHARLES W  
Address: 1777 BOTELHO DR. STE 360  
City-St-Zip: WALNUT CREEK, CA 94596

Title: VP  
Name: THORNDIKE, CHRISTOPHER J  
Address: 1777 BOTELHO DR. STE 360  
City-St-Zip: WALNUT CREEK, CA 94596

Title: VP  
Name: MARTIN, MICHAEL P  
Address: 1777 BOTELHO DR. STE 360  
City-St-Zip: WALNUT CREEK, CA 94596

Title: VP  
Name: DIAS, GEORGE E  
Address: 1777 BOTELHO DR. STE 360  
City-St-Zip: WALNUT CREEK, CA 94596

I hereby 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 all other like empowered.

SIGNATURE: GEORGE E DIAS

VP

04/30/2012

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

\_\_\_\_\_ Date