2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P99000101150

Entity Name: JOHN G. ALDEN SPECIAL RISKS, INC.

1300 S.E. 17TH ST SUITE 220

FORT LAUDERDALE, FL 33316

Address: City-St-Zip: FILED Apr 30, 2002 8:00 AM Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1300 SE 17TH ST., SUITE 220 FT LAUDERDALE, FL 33316 **Current Mailing Address: New Mailing Address:** 1300 SE 17TH ST., SUITE 220 FT LAUDERDALE, FL 33316 FEI Number: 65-0970371 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: D'ESPIES, KEVIN J ESQ 1212 SOUTHEAST FIRST AVENUE FT LAUDERDALE, FL 333161802 US 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 This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X). Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition ATLASS, FRANK Name: Name: 1300 SE 17TH ST., SUITE 220 Address: Address: City-St-Zip: FORT LAUDERDALE, FL 33316 City-St-Zip: Title: Title: () Change () Addition () Delete GALLAUDET, JAMES Name: Name: 1300 S E. 17TH ST. SUITE 220 Address: Address: FORT LAUDERDALE, FL 33316 City-St-Zip: City-St-Zip: () Delete Title: Title: () Change () Addition ATLASS, SALLY K Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: FRANK ATLASS DP 04/30/2002