

2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F16000004862

Entity Name: ARMOUR RISK MANAGEMENT INC.**Current Principal Place of Business:**1880 JFK BLVD SUITE 801
PHILADELPHIA, PA 19103**Current Mailing Address:**1880 JFK BLVD SUITE 801
PHILADELPHIA, PA 19103**FEI Number: 13-3028939****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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**Officer/Director Detail :**

Title	PRESIDENT, CHAIRMAN, DIRECTOR
Name	MCGILL , CHARLES
Address	1880 JFK BLVD SUITE 801
City-State-Zip:	PHILADELPHIA PA 19103

Title	SECRETARY
Name	WEAVER, TERRI
Address	1880 JFK BLVD SUITE 801
City-State-Zip:	PHILADELPHIA PA 19103

Title	TREASURER
Name	ZIMITSKI , JOHN
Address	1880 JFK BLVD SUITE 801
City-State-Zip:	PHILADELPHIA PA 19103

Title	DIRECTOR
Name	DIAS, MARK
Address	1880 JFK BLVD SUITE 801
City-State-Zip:	PHILADELPHIA PA 19103

Title	DIRECTOR
Name	DORAN, MARCUS
Address	1880 JFK BLVD SUITE 801
City-State-Zip:	PHILADELPHIA PA 19103

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: TERRI WEAVER**SECRETARY****04/26/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date