

2021 FOREIGN PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# F17000005596

Entity Name: ALLIED UNIVERSAL RISK ADVISORY AND CONSULTING SERVICES, INC.**FILED**
Jul 29, 2021
Secretary of State
2092239166CC**Current Principal Place of Business:**161 WASHINGTON STREET
SUITE 600
CONSHOHOCKEN, PA 19428**Current Mailing Address:**161 WASHINGTON STREET
SUITE 600
CONSHOHOCKEN, PA 19428 US**FEI Number: 56-2571135****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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/CEO
Name JONES, STEVEN S.
Address 1551 N. TUSTIN AVENUE
SUITE 650
City-State-Zip: SANTA ANA CA 92705

Title SENIOR VICE PRESIDENT
Name BRANDT, TIMOTHY
Address 1551 N. TUSTIN AVE.
SUITE 650
City-State-Zip: SANTA ANA CA 92705

Title EXECUTIVE VICE PRESIDENT
Name BUCKMAN, DAVID I.
Address 161 WASHINGTON STREET
SUITE 600
City-State-Zip: CONSHOHOCKEN PA 19428

Title ASSISTANT SECRETARY
Name PETERSON, NANCY
Address 161 WASHINGTON STREET
SUITE 600
City-State-Zip: CONSHOHOCKEN PA 19428

Title DIRECTOR
Name JONES, STEVEN S.
Address 1551 N. TUSTIN AVENUE
SUITE 650
City-State-Zip: SANTA ANA CA 92705

Title DIRECTOR
Name BUCKMAN, DAVID I.
Address 161 WASHINGTON STREET
SUITE 600
City-State-Zip: CONSHOHOCKEN PA 19428

Title TREASURER/CFO
Name BRANDT, TIMOTHY
Address 1551 N. TUSTIN AVE.
SUITE 650
City-State-Zip: SANTA ANA CA 92705

Title GENERAL COUNSEL
Name BUCKMAN, DAVID I.
Address 161 WASHINGTON STREET
SUITE 600
City-State-Zip: CONSHOHOCKEN PA 19428

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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: DAVID BUCKMAN**SECRETARY****07/29/2021**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	SECRETARY
Name	BUCKMAN, DAVID I.
Address	161 WASHINGTON STREET SUITE 600
City-State-Zip:	CONSHOHOCKEN PA 19428