FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 PM 2:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **534521** **(0)**

1. Corporation Name
ACTUARIAL RESEARCH & DEVELOPMENT CORP.

Principal Place of Business	Mailing Address
2140 S. DIXIE HIGHWAY MIAMI FL 33133	2140 S. DIXIE HIGHWAY MIAMI FL 33133

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **04/07/1977**
3a. Date of Last Report: **03/29/1994**

2. Principal Place of Business 21:
2a. Mailing Address 26:
Suite, Apt. #, etc. 22:
Suite, Apt. #, etc. 27:
City & State 23:
City & State 28:
Zip 24: Country 25:
Zip 29: Country 30:

4. FEI Number: **59-1738777** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

GOLDBERG, MICHAEL C.
8555 PONCE DE LEON RD.
MIAMI FL 33143

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CBD	1.1 TITLE		☐ Change ☐ Addition
NAME	GOLDBERG, MICHAEL C.	1.2 NAME		
STREET ADDRESS	8555 PONCE DE LEON RD.	1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 00000	1.4 CITY-ST-ZIP		
TITLE	VP	2.1 TITLE		☐ Change ☐ Addition
NAME	MURO, KATHLEEN	2.2 NAME		
STREET ADDRESS	407 S.E. 7 ST.	2.3 STREET ADDRESS		
CITY-ST-ZIP	DANIA FL	2.4 CITY-ST-ZIP		
TITLE	STD	3.1 TITLE		☐ Change ☐ Addition
NAME	GOLDBERG, CINDY L	3.2 NAME		
STREET ADDRESS	8555 PONCE DE LEON RD.	3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP		
TITLE	V	4.1 TITLE		☐ Change ☐ Addition
NAME	STROUD, CHRISTINE	4.2 NAME		
STREET ADDRESS	7420 SW 162ND ST	4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP		
TITLE	EVD	5.1 TITLE		☐ Change ☐ Addition
NAME	KENNEDY,DOUGLAS	5.2 NAME		
STREET ADDRESS	12940 CORONADO TERR.	5.3 STREET ADDRESS		
CITY-ST-ZIP	N MIAMI FL	5.4 CITY-ST-ZIP		
TITLE	V	6.1 TITLE		☑ Change ☐ Addition
NAME	FLEISCHMAN, RICHARD	6.2 NAME		
STREET ADDRESS	17 INDIAN RIDGE RD.	6.3 STREET ADDRESS	75 BREAKNECK HILL RD	
CITY-ST-ZIP	S. NATICK MA	6.4 CITY-ST-ZIP	SOUTHBORO, MA 01772	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with the address.

SIGNATURE: _____ 4/26/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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Actuarial Research & Development Corp.
59-173877

12. (additional)

TITLE	D
NAME	CESAR L. ALVAREZ
STREET ADDRESS	1221 BRICKELL AVE, 22nd FLOOR
CITY-ST ZIP	MIAMI, FL 33131
TITLE	D
NAME	ALBERT J. SCHIFF
STREET ADDRESS	263 TRESSOR BLVD., 10th FLOOR
CITY-ST ZIP	STAMFORD, CT 06901
TITLE	D
NAME	BRUCE I. NIERENBERG
STREET ADDRESS	774 GLEN GARRY DR.
CITY-ST ZIP	MELBOURNE, FL 32940
TITLE	VP
NAME	BEVERLY PRICE
STREET ADDRESS	5600 S.W. 95 ST.
CITY-ST ZIP	MIAMI, FL 33156
TITLE	VP
NAME	EDWARD PICK
STREET ADDRESS	2417 N. GREENWAY DR.
CITY-ST ZIP	CORAL GABLES, FL 33134