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 AM 9:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **616873** **(6)**

1. Corporation Name
FLORIDA RISK SPECIALISTS,INC.

Principal Place of Business
200 STATE STREET
BOSTON MA 02109
US

Mailing Address
70 PINE STREET
27TH FLOOR
NEW YORK NY 10270
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/10/1979**
3a. Date of Last Report: **06/03/1994**
4. FEI Number: **59-1910246** ☐ 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

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS ST.
SUITE 105
TALLAHASSEE FL 32301

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

TITLE	**S**
NAME	**TUCK, ELIZABETH M.**
STREET ADDRESS	**70 PINE ST**
CITY · ST · ZIP	**NEW YORK NY**
TITLE	**T**
NAME	**DOOLEY, WILLIAM631**
STREET ADDRESS	**70 PINE ST.**
CITY · ST · ZIP	**NEW YORK NY**
TITLE	**C**
NAME	**OWEN, DEAN**
STREET ADDRESS	**200 STATE ST.**
CITY · ST · ZIP	**BOSTON MA**
TITLE	**P**
NAME	**LEO, PATRICK**
STREET ADDRESS	**3030 N.ROCKY PT RD W#507**
CITY · ST · ZIP	**TAMPA FL**
TITLE	**VSG**
NAME	**RIVLIN, RACHEL**
STREET ADDRESS	**200 STATE ST.**
CITY · ST · ZIP	**BOSTON MA**
TITLE	**S**
NAME	**ANSELMO, NICHOLAS**
STREET ADDRESS	**200 STATE STREET**
CITY · ST · ZIP	**BOSTON MA**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE		☐ Change ☐ Addition
1 2 NAME		
1 3 STREET ADDRESS		
1 4 CITY · ST · ZIP		
2 1 TITLE		☐ Change ☐ Addition
2 2 NAME		
2 3 STREET ADDRESS		
2 4 CITY · ST · ZIP		
3 1 TITLE		☐ Change ☐ Addition
3 2 NAME		
3 3 STREET ADDRESS		
3 4 CITY · ST · ZIP		
4 1 TITLE		☐ Change ☐ Addition
4 2 NAME		
4 3 STREET ADDRESS		
4 4 CITY · ST · ZIP		
5 1 TITLE		☐ Change ☐ Addition
5 2 NAME		
5 3 STREET ADDRESS		
5 4 CITY · ST · ZIP		
6 1 TITLE		☐ Change ☐ Addition
6 2 NAME		
6 3 STREET ADDRESS		
6 4 CITY · ST · ZIP		

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)(k), 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 an address.

SIGNATURE: Elizabeth M. Tuck
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-95 (212)770-7000
Date Daytime Phone #