

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90353 049 ***150.00

DOCUMENT # F00000001141

1. Entity Name

KEY RISK MANAGEMENT SERVICES, INC.



Principal Place of Business

**7900 MCCLOUD ROAD
STE 300
GREENSBORO NC 27409**

Mailing Address

**7900 MCCLOUD ROAD
STE 300
GREENSBORO NC 27409**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

56-1800954

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ALLEN, DANNY
5512 AVENIDA DEL MARE
SARASOTA FL 34242**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **C** ☐ Delete
NAME **BERKLEY, WILLIAM R**
STREET ADDRESS **475 STEAMBOAT RD**
CITY-ST-ZIP **GREENWICH CT 06830**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **LANKFORD, H. RAYMOND JR**
STREET ADDRESS **475 STEAMBOAT RD**
CITY-ST-ZIP **GREENWICH CT 06830**

TITLE ☐ Change ☒ Addition
NAME **Director**
STREET ADDRESS **Robert C. Hewitt**
CITY-ST-ZIP **475 Steamboat Rd**
Greenwich, CT 06830

TITLE **DS** ☐ Delete
NAME **LEDERMAN, IRA S**
STREET ADDRESS **475 STEAMBOAT RD**
CITY-ST-ZIP **GREENWICH CT 06830**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DP** ☐ Delete
NAME **SYKES, JOSEPH W**
STREET ADDRESS **7900 MCCLOUD ROAD STE 300**
CITY-ST-ZIP **GREENSBORO NC 27409**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☒ Delete
NAME **LISTER, LEO J**
STREET ADDRESS **7900 MCCLOUD ROAD STE 300**
CITY-ST-ZIP **GREENSBORO NC 27409**

TITLE ☐ Change ☒ Addition
NAME **VP-Claims**
STREET ADDRESS **Robert William Standen**
CITY-ST-ZIP **7900 McCloud Rd.**
Greensboro, NC 27409

TITLE **ST** ☐ Delete
NAME **KARR, REBECCA**
STREET ADDRESS **7900 MCCLOUD ROAD STE 300**
CITY-ST-ZIP **GREENSBORO NC 27409**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Rebecca H. Karr

Rebecca H. Karr

4/23/04

(336) 668-9050

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #