

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2005 08:00 AM**  
**Secretary of State**

**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**



04272005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

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

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

**DO NOT WRITE  
IN THIS SPACE**

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	C
NAME	BERKLEY, WILLIAM R
STREET ADDRESS	475 STEAMBOAT RD
CITY - ST - ZIP	GREENWICH, CT 06830
TITLE	D
NAME	HEWITT, ROBERT C
STREET ADDRESS	475 STEAMBOAT RD
CITY - ST - ZIP	GREENWICH, CT 06830
TITLE	DS
NAME	LEDERMAN, IRA S
STREET ADDRESS	475 STEAMBOAT RD
CITY - ST - ZIP	GREENWICH, CT 06830
TITLE	DP
NAME	SYKES, JOSEPH W
STREET ADDRESS	7900 MCCLOUD ROAD STE 300
CITY - ST - ZIP	GREENSBORO, NC 27409
TITLE	VP
NAME	STANDEN, ROBERT W
STREET ADDRESS	7900 MCCLOUD ROAD STE 300
CITY - ST - ZIP	GREENSBORO, NC 27409
TITLE	ST
NAME	KARR, REBECCA
STREET ADDRESS	7900 MCCLOUD ROAD STE 300
CITY - ST - ZIP	GREENSBORO, NC 27409

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05/05/05-00011-021 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/05

Date

(336) 605-7301

Daytime Phone #