

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

03-17-2003 90685 019 \*\*\*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

☐ CHECK HERE IF MAKING CHANGES

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, 2003 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 **165 MASON STREET**  
CITY-ST-ZIP **GREENWICH CT**

TITLE **Chairman** ☒ Change ☐ Addition  
NAME **Berkley, William R**  
STREET ADDRESS **475 Steamboat Road**  
CITY-ST-ZIP **Greenwich, CT 06830**

TITLE **V** ☐ Delete  
NAME **LANKFORD, H. RAYMOND JR**  
STREET ADDRESS **165 MASON STREET**  
CITY-ST-ZIP **GREENWICH CT**

TITLE **Director** ☒ Change ☐ Addition  
NAME **Lankford, H. Raymond Jr**  
STREET ADDRESS **475 Steamboat Road**  
CITY-ST-ZIP **Greenwich, CT 06830**

TITLE **D** ☒ Delete  
NAME **BIGGERSTAFF, BOBBY G**  
STREET ADDRESS **7900 MCCLOUD ROAD STE 300**  
CITY-ST-ZIP **GREENSBORO NC 27409**

TITLE **Director, Asst. Sec.** ☐ Change ☒ Addition  
NAME **Ira S. Lederman**  
STREET ADDRESS **475 Steamboat Road**  
CITY-ST-ZIP **Greenwich, CT 06830**

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

TITLE **Director, Asst. Sec.** ☐ Change ☐ Addition  
NAME **Ira S. Lederman**  
STREET ADDRESS **475 Steamboat Road**  
CITY-ST-ZIP **Greenwich, CT 06830**

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

TITLE **Director, Asst. Sec.** ☐ Change ☐ Addition  
NAME **Ira S. Lederman**  
STREET ADDRESS **475 Steamboat Road**  
CITY-ST-ZIP **Greenwich, CT 06830**

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

TITLE **Director, Asst. Sec.** ☐ Change ☐ Addition  
NAME **Ira S. Lederman**  
STREET ADDRESS **475 Steamboat Road**  
CITY-ST-ZIP **Greenwich, CT 06830**

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* **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Rebecca H. Karr**

Date \_\_\_\_\_ Daytime Phone # **(336) 668-9050**

CR2E034 (10/02)