



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 21, 2005 8:00 am**  
**Secretary of State**

03-21-2005 90087 035 \*\*\*150.00

<b>DOCUMENT # F01000003552</b> 1. Entity Name <b>MSI RISK MANAGEMENT SERVICES, INC.</b>					
Principal Place of Business <b>49 E. FOURTH ST. 5TH FLOOR SOUTH CINCINNATI, OH 45202</b>			Mailing Address <b>49 E. FOURTH ST. 5TH FLOOR SOUTH CINCINNATI, OH 45202</b>		
2. Principal Place of Business <b>312 Elm Street</b> Suite, Apt., #, etc. <b>Suite 1250</b>		3. Mailing Address <b>P.O. Box 5435</b> Suite, Apt., #, etc.			
City & State <b>Cincinnati Ohio</b>		City & State <b>Cincinnati OHIO</b>		4. FEI Number <b>31-0987905</b>	
Zip <b>45202</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HITCH, ROBERT L 49 E 4TH STREET STE 500 CINCINNATI, OH 45202	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President/Director Randy Denker 312 Elm Street, Ste 1250 Cincinnati Ohio 45202	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ATA, MASATO 33 WHITEHALL STREET NEW YORK, NY 10004	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sr. VP/Secretary Yoshikazu Koike 15 Independence Blvd. Warren, NJ 07059	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EV DENKER, RANDY 49 E 4TH STREET, DTS-5 CINCINNATI, OH 45202	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sr. VP/Director Yoshihiro Kosami 312 Elm St, Ste 1250 Cincinnati Ohio 45202	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOME, LEONARD S ESQ. ONE BATTERY PARK PLAZA NEW YORK, NY 10004	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Robert Hitch 312 Elm Street, Ste 1250 Cincinnati OH 45202	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YOSHIDA, KOJI 33 WHITEHALL STREET NEW YORK, NY 10004	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVT TAKAGI, YUJI 15 INDEPENDENCE BLVD WARREN, NJ 07059	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Randy L Denker</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					