## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F01000003552

Entity Name: MSI RISK MANAGEMENT SERVICES, INC.

FILED Jul 31, 2008 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:			
312 ELM STREET STE 1250 CINCINNATI, OH 45202 US			312 ELM STREET STE 1100 CINCINNATI, OH 45202 US			
Current Mailing Address:			New Mailing Address:			
PO BOX 5435 CINCINNATI, OH 452738436 US			15 INDEPENDENCE BLVD WARREN, NJ 07059 US			
FEI Number:	31-0987905	FEI Number Applied For ( ) FEI Nu	mber Not Appli	olicable ( ) Certificate of Status Desired ( )		
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:		
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 US  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.						
SIGNATURE:						
OIOINATOR		Signature of Registered Agent		 Date		
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  Election Campaign Financing Trust Fund Contribution ( ).  OFFICERS AND DIRECTORS:  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:						
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	DENKER, RAND 312 ELM STREE CINCINNATI, OH	T STE 1250 45202 US Delete AZU ICE BLVD	Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	STVD (X) Change ( ) Addition TAKATOI, TAKESHI 15 INDEPENDENCE BLVD		
Title: Name: Address: City-St-Zip: Title:	FARRELL, JÖSE 15 INDEPENDEN WARREN, NJ 07	ICE BLVD	Title: Name: Address: City-St-Zip: Title:	( ) Change ( ) Addition ( ) Change ( ) Addition		
Name: Address: City-St-Zip:	DOME, LEONARI ONE BATTERY F NEW YORK, NY	PARK PLAZA 10004 US	Name: Address: City-St-Zip:			
Title: Name: Address: City-St-Zip:	VD () E OTSUKA, KEISUI 15 INDEPENDEN WARREN, NJ 07	ICE BLVD	Title: Name: Address: City-St-Zip:	VD (X) Change ( ) Addition SANO, HIDEKI 15 INDEPENDENCE BLVD WARREN, NJ 07059 US		
Title: Name: Address: City-St-Zip:	AS () C CURTIS, JR, WIL 15 INDEPENDEN WARREN, NJ 07	ICE BLVD	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM J CURTIS, JR

AS

07/31/2008