

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000005982

FILED
Jan 05, 2006
Secretary of State

Entity Name: TRUST RISK MANAGEMENT SERVICES, INC.

Current Principal Place of Business:

750 FIRST STREET NE, STE 605
WASHINGTON, DC 200024242

New Principal Place of Business:

Current Mailing Address:

750 FIRST STREET NE, STE 605
WASHINGTON, DC 200024242

New Mailing Address:

FEI Number: 52-2330366

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BENNETT, BRUCE E
Address: 12517 PALATINE COURT
City-St-Zip: POTOMAC, MD 20854

Title: S () Delete
Name: RAMOS-GRENIER, JULIA
Address: 85 RIVER ROAD
City-St-Zip: COLLINSVILLE, CT 060220227

Title: T () Delete
Name: SMITH, GARY
Address: 10835 ALEXANDER MILL RD.
City-St-Zip: CHARLOTTE, NC 28277

Title: AS () Delete
Name: BENAS, HEATH S
Address: 10201 GROSVENOR RD. #305
City-St-Zip: ROCKVILLE, MD 20852

Title: AT () Delete
Name: MULLEN, MICHAEL C
Address: 1029 NORTH STUART STREET, #308
City-St-Zip: ARLINGTON, VA 22201

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: RAMOS-GRENIER, JULIA
Address: 7991 N. GILLESPIE LANE
City-St-Zip: TUCSON, AZ 85743

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: BRUCE E. BENNETT, PH.D.

P

01/05/2006

Electronic Signature of Signing Officer or Director

_____ Date