

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2004 08:00 AM
Secretary of State

DOCUMENT # F01000006608	
1. Entity Name GAB ROBINS RISK MANAGEMENT SERVICES, INC.	

Principal Place of Business 9 CAMPUS DRIVE STE 7 ATTN: JOCELYN E. GILMORE ,CORP.PARALEGAL PARSIPPANY, NJ 07054	Mailing Address 9 CAMPUS DRIVE, SUITE 7 ATTN: JOCELYN E. GILMORE ,CORP.PARALEGAL PARSIPPANY, NJ 07054
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01142004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 22-3677416	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC. 526 EAST PARK AVENUE TALLAHASSEE, FL 32301

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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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ZUBRETSKY, JOSEPH M 9 CAMPUS DRIVE, SUITE 7 PARSIPPANY, NJ 07054
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V AYCOCK, JEFF 9 CAMPUS DRIVE, SUITE 7 PARSIPPANY, NJ 07054
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T YERDON, TED 9 CAMPUS DRIVE, SUITE 7 PARSIPPANY, NJ 07054
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JACKSON, THOMAS M 9 CAMPUS DRIVE, SUITE 7 PARSIPPANY, NJ 07054
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TSUSAKA, JUN 712 FIFTH AVENUE NEW YORK, NY 10019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO MCGILL, DENNIS A 9 CAMPUS DRIVE, SUITE 7 PARSIPPANY, NJ 07054

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03/04/04-80025-006 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 of this report, 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

Thomas M. Jackson/Corporate Secretary

01/29/2004