2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 12, 2003 8:00 am
Secretary of State
06-12-2003 90012 002 ***150.00

000507 AT

DOCUMENT # F01000006608

1. Entity Name
GAB ROBINS RISK MANAGEMENT SERVICES, INC.

Principal Place of Business	Mailing Address
9 CAMPUS DRIVE. SUITE 7 ATTN: JOCELYN E. GILMORE .CORP.PARALEGAL PARSIPPANY NJ 07054	9 CAMPUS DRIVE. SUITE 7 ATTN: JOCELYN E. GILMORE .CORP.PARALEGAL PARSIPPANY NJ 07054

2. Principal Place of Business	3. Mailing Address
9 CAMPUS DRIVE	9 CAMPUS DRIVE
Suite, Apt. #, etc. ATTN: J.E. GILMORE SUITE 7 CORP. PARALEGAL	Suite, Apt. #, etc. ATTN: J.E. GILMORE SUITE 7 CORP. PARALEGAL
City & State PARSIPPANY NJ	City & State PARSIPPANY NJ
Zip 07054 Country USA	Zip 07054 Country USA

☒ CHECK HERE IF MAKING CHANGES

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	7. Name and Address of New Registered Agent
NRAI SERVICES, INC. 526 EAST PARK AVENUE TALLAHASSEE FL 32301	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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ZUBRETSKY, JOSEPH M 9 CAMPUS DRIVE, SUITE 7 PARSIPPANY NJ 07054	☐ Delete	(Please see attached)	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V AYCOCK, JEFF 9 CAMPUS DRIVE, SUITE 7 PARSIPPANY NJ 07054	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T BELFER, BARRY I 9 CAMPUS DRIVE, SUITE 7 PARSIPPANY NJ 07054	☒ Delete		☒ Change ☐ Addition Ted Yerdon - Treasurer 9 Campus Drive – Suite 7 Parsippany, NJ 07054-0316
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S JACKSON, THOMAS M 9 CAMPUS DRIVE, SUITE 7 PARSIPPANY NJ 07054	☐ Delete		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TSUSAKA, JUN 712 FIFTH AVENUE NEW YORK NY 10019	☐ Delete		☐ Change ☒ Addition Dennis A. McGill – CFO 9 Campus Drive – Suite 7 Parsippany, NJ 07054-0316
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		

CR2E034 (10/02)

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.

(Preparer info on back)

SIGNATURE: SIGNATURE REQUIRED Thomas M. Jackson (973) 993-3556
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Corporate Secretary Date Daytime Phone #

Attachment

80125949
FE F01000006608

GAB ROBINS RISK MANAGEMENT SERVICES, INC.

Officers and Directors
As of 01/01/2003

DIRECTORS

Joseph M. Zubretsky
Jun Tsusaka

OFFICERS

Joseph M. Zubretsky	President
Dennis A. McGill	Chief Financial Officer
Jeffrey V. Aycock	Senior Vice President
Thomas M. Jackson	Corporate Secretary
Ted Yerdon	Treasurer