

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90231 030 ***150.00

DOCUMENT # F02000004048

1. Entity Name

AFFILIATED RISK MANAGEMENT, INC.



Principal Place of Business

**5260 PARKWAY PLAZA BLVD STE. 140
CHARLOTTE NC 28217**

Mailing Address

**5260 PARKWAY PLAZA BLVD STE. 140
CHARLOTTE NC 28217**

14021621



MOORE

CR2E034 (11/03)

2. Principal Place of Business

3. Mailing Address

P O Box 241448

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Charlotte NC

4. FEI Number

04-3663748

Applied For

Not Applicable

Zip

Country

Zip

28224-1448

Country

USA

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

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

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, 2004 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 **P** ☒ Delete
NAME **BELL, DAVID G**
STREET ADDRESS **5260 PARKWAY PLAZA BLVD STE. 140**
CITY-ST-ZIP **CHARLOTTE NC 28217**

TITLE **President** ☐ Change ☒ Addition
NAME **GIL E. ARMAN**
STREET ADDRESS **P O Box 241448**
CITY-ST-ZIP **Charlotte NC 28224-1448**

TITLE **VP** ☐ Delete
NAME **WILSON, MICHAEL**
STREET ADDRESS **5260 PARKWAY PLAZA BLVD STE. 140**
CITY-ST-ZIP **CHARLOTTE NC 28217**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☐ Delete
NAME **FOTSCH, ROBERT M**
STREET ADDRESS **5260 PARKWAY PLAZA BLVD STE. 140**
CITY-ST-ZIP **CHARLOTTE NC 28217**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **AS** ☒ Delete
NAME **PATELUNAS, R JOSEPH**
STREET ADDRESS **5260 PARKWAY PLAZA BLVD STE. 140**
CITY-ST-ZIP **CHARLOTTE NC 28217**

TITLE **Asst Sec** ☐ Change ☒ Addition
NAME **WARD E. HARKNESS**
STREET ADDRESS **P O Box 241448**
CITY-ST-ZIP **Charlotte NC 28224-1448**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

WARD E. HARKNESS 4/28/04 704-523-2191

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #