

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 14, 2004 8:00 am**  
**Secretary of State**

05-05-2004 90479 001 \*1,350.00

66427939

<b>DOCUMENT # F03000003009</b> 1. Entity Name <b>CITIGROUP RISK BROKERS INC.</b>			
Principal Place of Business <b>390 GREENWICH STREET, 4TH FLOOR NEW YORK, NY 10013</b>		Mailing Address <b>390 GREENWICH STREET, 4TH FLOOR NEW YORK, NY 10013</b>	
2. Principal Place of Business <b>388 Greenwich St.</b>		3. Mailing Address <b>388 Greenwich St.</b>	
Suite, Apt. #, etc. <b>New York, NY</b>		Suite, Apt. #, etc. <b>Tax Dept. - 22nd fl.</b>	
City & State <b>New York, NY</b>		City & State <b>New York, NY</b>	
Zip <b>10013</b>		Zip <b>10013</b>	
4. FEI Number <b>02-0692912</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>C-T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CD FELDMAN, ANDREW 390 GREENWICH STREET, 4TH FLOOR NEW YORK, NY 10013</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P GOVRIN, DAVID 390 GREENWICH STREET, 4TH FLOOR NEW YORK, NY 10013</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P MULLHOLLAND, JOHN F 390 GREENWICH STREET, 4TH FLOOR NEW YORK, NY 10013</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CFO CONAHAN, JAMES 390 GREENWICH STREET, 4TH FLOOR NEW YORK, NY 10013</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V LEM, ELLIOT 390 GREENWICH STREET, 4TH FLOOR NEW YORK, NY 10013</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V RADKE, SCOTT 390 GREENWICH STREET, 4TH FLOOR NEW YORK, NY 10013</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(5)(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.</b>			
SIGNATURE: <u>Keith Anzel</u> <b>Keith Anzel</b> 4/29/04			