


2007 FOR PROFIT CORPORATION ANNUAL REPORT

113

DOCUMENT # F03000003866

1. Entity Name
STARR TECHNICAL RISKS AGENCY OF GEORGIA, INC.




Principal Place of Business
**3440 PRESTON RIDGE ROAD, SUITE 675
ALPHARETTA, GA 30005**

Mailing Address
**90 PARK AVENUE, 7TH FLOOR
NEW YORK, NY 10016**

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

FILED
07 JAN 25 PM 4:48
**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**
500086237709



01082007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301**

4. FEI Number
58-1378339

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent

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.

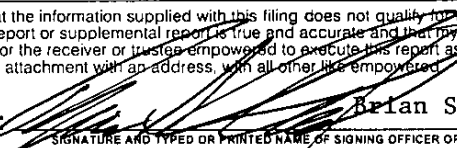
SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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 SHAAK, RICHARD N 90 PARK AVENUE, 7TH FLOOR NEW YORK, NY 10016 <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	VPSC FRISCH, BRIAN S 90 PARK AVENUE, 7TH FLOOR NEW YORK, NY 10016 <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	VPD MCDONNELL, DANIEL P 399 PARK AVENUE, 17TH FLOOR NEW YORK, NY 10022 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD McDonnell, Daniel P. 90 Park Ave., 7th Fl., NY, NY 10016 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SAUNDERS, GRANT D 3440 PRESTON RIDGE ROAD, SUITE 675 ALPHARETTA, GA 30005 <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	ASP DEVON, JAMES T 3440 PRESTON RIDGE ROAD, SUITE 675 ALPHARETTA, GA 30005 <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	TCFO WARANTZ, MICHAEL D COMP 399 PARK AVENUE, 17TH FLOOR NEW YORK, NY 10022 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Warrantz, Michael D. 90 Park Ave., 7th Fl., NY, NY 10016 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  **Brian S. Frisch**

Date **JAN 25 2007** Daytime Phone #

2/3

Starr Technical Risks Agency of Georgia, Inc.
Directors and Officers
Effective January 9, 2006
3440 Preston Ridge Road, Suite 675
Alpharetta, GA 30005

DIRECTORS

Daniel P. McDonnell
Richard Nathan Shaak

OFFICERS

Richard Nathan Shaak
Brian Stuart Frisch
Daniel P. McDonnell
Grant Dean Saunders
James T. Devon
Jon M. Duszynski
William A. Wood
Michael David Warantz

Titles

President & Chief Executive Officer
Vice President, Secretary & Comptroller
Vice President
Vice President
Assistant Vice President
Assistant Vice President
Assistant Vice President
Treasurer

CSC.

CORPORATION SERVICE COMPANY

3/3
RECEIVED

07 JAN 25 PM 2:51

ACCOUNT NO. : 072100000032

REFERENCE : 727366 4312639

AUTHORIZATION :

COST LIMIT : \$150.00

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ORDER DATE : January 24, 2007

ORDER TIME : 12:29 PM

ORDER NO. : 727366-015

CUSTOMER NO: 4312639

ANNUAL REPORT FILING

NAME: STARR TECHNICAL RISKS AGENCY
OF GEORGIA INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea - Ext. 2914

EXAMINER'S INITIALS: _____