

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 22, 2004 8:00 am**  
**Secretary of State**

07-22-2004 90002 006 \*\*\*558.75

**DOCUMENT # F04000000027**

1. Entity Name  
**WRIGHT RISK MANAGMENT COMPANY, INC.**



Principal Place of Business  
**377 OAK STREET  
GARDEN CITY, NY 11530**

Mailing Address  
**377 OAK STREET  
GARDEN CITY, NY 11530**

**54064295**



2. Principal Place of Business

3. Mailing Address

**333 EARLE OVINGTON BLVD**  
Suite, Apt. #, etc.

**333 EARLE OVINGTON BLVD**  
Suite, Apt. #, etc.

07152004

Chg-P

CR2E034 (10/03)

City & State

**UNIONDALE, NY**

City & State

**UNIONDALE, NY**

4. FEI Number

**11-2438194**

Applied For

Not Applicable

Zip

**11553**

County

**NASSAU**

Zip

**11553**

County

**NASSAU**

5. Certificate of Status Desired

☒

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

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 \$550.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VPT	<input type="checkbox"/> Delete
NAME	CONLEY, CHRISTINE	
STREET ADDRESS	377 OAK STREET	
CITY-ST-ZIP	GARDEN CITY, NY 11530	
TITLE	CCEO	<input type="checkbox"/> Delete
NAME	O'BRIEN, PATRICIA W	
STREET ADDRESS	377 OAK STREET	
CITY-ST-ZIP	GARDEN CITY, NY 11530	
TITLE	P	<input type="checkbox"/> Delete
NAME	ELICKS, GERARD P	
STREET ADDRESS	377 OAK STREET	
CITY-ST-ZIP	GARDEN CITY, NY 11530	
TITLE	CFO	<input checked="" type="checkbox"/> Delete
NAME	WEBER, PETER	
STREET ADDRESS	377 OAK STREET	
CITY-ST-ZIP	GARDEN CITY, NY 11530	
TITLE	VP	<input type="checkbox"/> Delete
NAME	FALCONE, RONALD	
STREET ADDRESS	377 OAK STREET	
CITY-ST-ZIP	GARDEN CITY, NY 11530	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BAMBINO, ROBERT	
STREET ADDRESS	377 OAK STREET	
CITY-ST-ZIP	GARDEN CITY, NY 11530	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	333 EARLE OVINGTON BLVD.,	
CITY-ST-ZIP	UNIONDALE, NY 11553	
TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	333 EARLE OVINGTON BLVD.,	
CITY-ST-ZIP	UNIONDALE, NY 11553	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	333~EARLE~OVINGTON BLVD.,	
CITY-ST-ZIP	UNIONDALE, NY 11553	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	333 EARLE OVINGTON BLVD.,	
CITY-ST-ZIP	UNIONDALE, NY 11553	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	333 EARLE OVINGTON BLVD.,	
CITY-ST-ZIP	UNIONDALE, NY 11553	

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:

*Christine Conley*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/19/04

Daytime Phone #

516-750  
9402



*Attachment*

54064295-

WRIGHT RISK MANAGEMENT

Phone • 516.227.2300

THE OMNI, 333 EARLE OVINGTON BLVD. • UNIONDALE, NEW YORK 11553 Fax • 516.227.2352

July 19, 2004

Florida Department of State  
Divisions of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Re: 2004 For Profit Corporation

Annual Report  
Document #F04000000027

Dear Sir/Madam:

Please find enclosed completed Annual Report, list of officers, directors and shareholders along with our check in the amount of \$558.75.

Please note that our address changed 3/29/04.

We also look to receiving the Certificate of Status in the near future.

Very truly yours,  
WRIGHT RISK MANAGEMENT COMPANY,  
INC.

Christine Conley  
Vice President & Treasurer

cc/mc

Enclosures (as stated)

cc: Daniel R. Janis Associate NRAB

ARPTFL

Attachment

54064295  
# F0400000027

**BUSINESS ADDRESS**

WRIGHT RISK MANAGEMENT COMPANY, INC.  
333 EARLE OVINGTON BLVD.,  
UNIONDALE, NY 11553

AS OF 07/19/2004

ALL OFFICERS AND DIRECTORS NAME/ADDRESS	TITLE OF OFFICER	DIRECTOR	SHAREHOLDER	SOCSEC #	STATE
Conley, Christine	VP & TREASURER	YES	YES	109-44-8271	MULTI
Fishlinger, William J.	ASST SECRETARY C & CEO	YES	YES	134-34-0922	NONE
O'Brien, Patricia W. Congdon	SECRETARY	YES	NO	077-28-2484	NONE
Elicks, Gerard P.	PRESIDENT	YES	YES	086-52-4413	NONE
Fishlinger, Joan	VP/DIRECTOR OF SYSTEMS ASST SECRETARY	YES	YES	129-42-0508	NONE
Flaherty, John	NO	YES	NO	057-42-0896	NONE
Falcone, Ronald	VP ADJUSTING	NO	NO	061-50-0300	NY
Bambino, Robert	VP	NO	NO	067-46-8492	NY/CT
Kelly, Peter	VP	NO	NO	093-56-4330	MULTI
Congdon, John E.	SHAREHOLDER	NO	YES	125-64-3881	NONE
Congdon, James	SHAREHOLDER	NO	YES	092-60-9823	NONE
Mullally, John	SHAREHOLDER	NO	YES	056-56-4666	NY
Leone, Carla	SHAREHOLDER	NO	YES	086-54-0242	NONE
Caldwell, Katherine	SHAREHOLDER	NO	YES	054-54-7121	NONE
Murdock, Michael	VP	NO	NO	115-48-6495	CT

NRA  
OFFDIRSH