

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000000691

FILED  
Apr 18, 2008  
Secretary of State

Entity Name: ATLANTIC RISK SPECIALISTS, INC.

## Current Principal Place of Business:

ONE INTERNATIONAL BLVD., SUITE 350  
MAHWAH, NJ 07495

## New Principal Place of Business:

## Current Mailing Address:

ONE INTERNATIONAL BLVD., SUITE 350  
MAHWAH, NJ 07495

## New Mailing Address:

FEI Number: 13-3921587

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HATCH, JOHN D ESQ  
1267 BERKSHIRE LANE  
TARPON SPRINGS, FL 34688 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DTV ( ) Delete  
Name: LULL, ROBERT GREGORY  
Address: 44 DENISE DRIVE  
City-St-Zip: KINNELON, NJ 07405

Title: DV ( ) Delete  
Name: WEINRAUB, MARK BRIAN  
Address: 1145 RAMAPO VALLEY ROAD  
City-St-Zip: MAHWAH, NJ 07430

Title: DSV ( ) Delete  
Name: GERSON, CARL A  
Address: 320 HIGHWOOD AVENUE  
City-St-Zip: GLEN ROCK, NJ 07452

Title: DP ( ) Delete  
Name: KESSLER, MARJORIE  
Address: 315 EAST 70TH ST. APT. 5L  
City-St-Zip: NEW YORK, NY 10021

Title: DC ( ) Delete  
Name: MAIER, LAURENCE  
Address: 720 COTTONWOOD DRIVE  
City-St-Zip: FRANKLIN LAKES, NJ 07417

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARJORIE KESSLER

PRES

04/18/2008

Electronic Signature of Signing Officer or Director

Date