2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2007
Secretary of State

DOCUMENT# F05000003339

Entity Name: SRONAPA RISK SERVICES, INC.

Current Principal Place of Business:

851 NAPA VALLEY CORPORATE WAY STE N
NAPA, CA 94558

New Principal Place of Business:

Current Mailing Address:

851 NAPA VALLEY CORPORATE WAY STE N
NAPA, CA 94558

New Mailing Address:

FEI Number: 20-2788585 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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:	P	( ) Delete
Name:	ANDERSON, ROBERT L	
Address:	851 NAPA VALLEY CORPORATE WAY STE N	
City-St-Zip:	NAPA, CA 94558	
Title:	VP	( ) Delete
Name:	LONG, TERRI E	
Address:	851 NAPA VALLEY CORPORATE WAY STE N	
City-St-Zip:	NAPA, CA 94558	
Title:	AS	( ) Delete
Name:	BAKER, JAMES C	
Address:	5205 GREAT NORTHERN CORPORATE CENTER	
City-St-Zip:	NORTH OLMSTED, OH 44070	
Title:	AS	( ) Delete
Name:	WALKER, KEITH M	
Address:	5205 N O'CONNOR BLVD	
City-St-Zip:	IRVING, TX 75039	
Title:	VP	( ) Delete
Name:	BELZER, DONN W	
Address:	2500 GREAT NORTHERN CORPORATE CENTER	
City-St-Zip:	NORTH OLMSTED, OH 44070	
Title:	SECR	( ) Delete
Name:	KAIN, SANDY M	
Address:	851 NAPA VALLEY CORP. WAY, SUITE N	
City-St-Zip:	NAPA, CA 94558	

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:	CFO	(X) Change ( ) Addition
Name:	GRAY, BARBARA L	
Address:	851 NAPA VALLEY CORP. WAY, SUITE N	
City-St-Zip:	NAPA, CA 94558	
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 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: SANDY M KAIN SECR 02/27/2007

Electronic Signature of Signing Officer or Director — Date