

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000007204

FILED
Feb 23, 2007
Secretary of State

Entity Name: MERCATOR RISK SERVICES, INC.

Current Principal Place of Business:

1185 AVENUE OF THE AMERICAS
36TH FLOOR
NEW YORK, NY 10036

New Principal Place of Business:

Current Mailing Address:

1185 AVENUE OF THE AMERICAS
36TH FLOOR
NEW YORK, NY 10036

New Mailing Address:

FEI Number: 74-3148514 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: CD () Delete
Name: ADDEO, JOHN
Address: 1185 AVE OF THE AMERICAS 36TH FLOOR
City-St-Zip: NEW YORK, NY 10036

Title: PD () Delete
Name: TREANOR, CHRISTOPHER
Address: 1185 AVE OF THE AMERICAS 36TH FLOOR
City-St-Zip: NEW YORK, NY 10036

Title: SD () Delete
Name: RYAN, MICHAEL S
Address: 1185 AVE OF THE AMERICAS 36TH FLOOR
City-St-Zip: NEW YORK, NY 10036

Title: D () Delete
Name: ZERBIB, NICOLAS
Address: 20 HORSENECK LN
City-St-Zip: GREENWICH, CT 06830

Title: D () Delete
Name: BOLIN, KURT E
Address: 20 HORSENECK LN
City-St-Zip: GREENWICH, CT 06830

Title: D () Delete
Name: CAREY, JAMES D
Address: 20 HORSENECK LN
City-St-Zip: GREENWICH, CT 06830

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:

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: MICHAEL RYAN

SD

02/23/2007

Electronic Signature of Signing Officer or Director

_____ Date