

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000001181

Entity Name: HRH RISK MITIGATION, INC.

FILED
Jun 11, 2007
Secretary of State

Current Principal Place of Business:

554 WASHINGTON AVENUE
CENDRICH CENTER, 2ND FLOOR
CAMEGIE, PA 15106

New Principal Place of Business:

Current Mailing Address:

554 WASHINGTON AVENUE
CENDRICH CENTER, 2ND FLOOR
CAMEGIE, PA 15106

New Mailing Address:

FEI Number: 58-2552719

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DVS () Delete
Name: SMITH, WALTER L
Address: 4951 LAKE BROOK DR STE 500
City-St-Zip: GLEN ALLEN, VA 23060

Title: PTD () Delete
Name: KELLY, MATTHEW C
Address: 600 W GERMANTOWN PIKE STE 300
City-St-Zip: PLYMOUTH MEETING, PA 19462

Title: V () Delete
Name: VAUGHAN, MARTIN L III
Address: 4951 LAKE BROOK DR STE 500
City-St-Zip: GLEN ALLEN, VA 23060

Title: T () Delete
Name: BLANTON, ROBERT W JR
Address: 4951 LAKE BROOK DR STE 500
City-St-Zip: GLEN ALLEN, VA 23060

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:

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: WALTER L. SMITH

DVS

06/11/2007

Electronic Signature of Signing Officer or Director

Date