

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000001181

Entity Name: HRH RISK MITIGATION, INC.

FILED  
Apr 21, 2008  
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

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: DS (X) Change ( ) Addition  
Name: SMITH, WALTER L  
Address: 4951 LAKE BROOK DR STE 500  
City-St-Zip: GLEN ALLEN, VA 23060

Title: P (X) Change ( ) Addition  
Name: KELLY, MATTHEW C  
Address: 554 WASHINGTON AVE, CENDRICH CTR 2ND FLR  
City-St-Zip: CAMEGIE, PA 15106

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

Title: T (X) Change ( ) Addition  
Name: JONES, CAROLYN  
Address: 4951 LAKE BROOK DR STE 500  
City-St-Zip: GLEN ALLEN, VA 23060

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

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04/21/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date