

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000001335

FILED  
Jan 14, 2010  
Secretary of State

**Entity Name:** ASSET PROTECTION PROGRAM RISK RETENTION GROUP, INC.

**Current Principal Place of Business:**

177 MEETING STREET  
STE # 470  
CHARLESTON, SC 29401

**New Principal Place of Business:**

**Current Mailing Address:**

177 MEETING STREET  
STE # 470  
CHARLESTON, SC 29401

**New Mailing Address:**

**FEI Number:** 59-3789096

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CHIEF FINANCIAL OFFICER, STATE OF FLORIDA  
200 E GAINES STREET  
TALLAHASSEE, FL 32399 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:** D  
**Name:** HARRELL, BRUCE  
**Address:** 4501 CIRCLE 75 PKWY, NW, SUITE F-6200  
**City-St-Zip:** ATLANTA, GA 30339

**Title:** S  
**Name:** KILPATRICK, SIMON  
**Address:** 177 MEETING STREET  
**City-St-Zip:** CHARLESTON, SC 29401

**Title:** D  
**Name:** SACKOFF, DENNIS  
**Address:** 15500 JAY STREET  
**City-St-Zip:** BEAVERTON, OR 97006

**Title:** PTD  
**Name:** DELTON, CUNNINGHAM  
**Address:** 6522 GUNN HIGHWAY  
**City-St-Zip:** TAMPA, FL 33624

**Title:** D  
**Name:** LARRY, ABBO  
**Address:** 5555 ANGLERS AVE, SUITE 16B  
**City-St-Zip:** FORT LAUDERDALE, FL 33312

**Title:** D  
**Name:** RIETZ, TOM  
**Address:** 8125 NORTH 86TH PLACE  
**City-St-Zip:** SCOTTSDALE, AZ 85258

I hereby 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 all other like empowered.

**SIGNATURE:** SIMON KILPATRICK

S

01/14/2010

Electronic Signature of Signing Officer or Director

Date