

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000002355

FILED  
Feb 26, 2007  
Secretary of State

Entity Name: ONE SOURCE RISK MANAGEMENT & FUNDING INC.

## Current Principal Place of Business:

62 US ROUTE #1  
CUMBERLAND, ME 04110

## New Principal Place of Business:

62 US ROUTE ONE  
2ND FLOOR  
CUMBERLAND FORESIDE, ME 04110

## Current Mailing Address:

PO BOX 15340  
PORTLAND, ME 04112

## New Mailing Address:

FEI Number: 20-1919359      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DELESANDRO, HENRY E  
19 NORTH BRILAND LANE  
ROSEMARY BEACH, FL 32461      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: BABEU, GEORGE D  
Address: PO BOX 15340  
City-St-Zip: PORTLAND, ME 04112

Title: VP ( ) Delete  
Name: BONNVIE, JAMES M  
Address: PO BOX 15340  
City-St-Zip: PORTLAND, ME 04112

Title: VP ( ) Delete  
Name: DELUCA, THOMAS M  
Address: 12560 REED ROAD SUITE 110  
City-St-Zip: SUGARLAND, TX 77478

Title: VP ( ) Delete  
Name: PICINISCO, BERNARD E  
Address: 4 LOUIS LANE  
City-St-Zip: DARTMOUTH, MA 02747

Title: ST ( ) Delete  
Name: WEATHERBIE, DAVID B  
Address: PO BOX 15340  
City-St-Zip: PORTLAND, ME 04112

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: BONNVIE, JAMES M  
Address: PO BOX 15340  
City-St-Zip: PORTLAND, ME 04112

Title: VP (X) Change ( ) Addition  
Name: DELUCA, THOMAS M  
Address: 4800 SUGAR GROVE SUITE 310  
City-St-Zip: STAFFORD, TX 77477

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: DAVID B. WEATHERBIE

ST

02/26/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date