2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000002355

Entity Name: ONE SOURCE RISK MANAGEMENT & FUNDING INC.

FILED Mar 21, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 62 US ROUTE ONE 2ND FLOOR CUMBERLAND FORESIDE, ME 04110 **New Mailing Address: Current Mailing Address:** PO BOX 15340 PORTLAND, ME 04112 FEI Number: 20-1919359 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DELESANDRO, HENRY E NRAI SERVICES, INC. 19 NORTH BRILAND LANE 2731 EXECUTIVÉ PARK DRIVE ROSEMARY BEACH, FL 32461 US SUITE 4 WESTON, FL 33331 US 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: AMY PURDY 03/21/2008 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition BABEU, GEORGE D BABEU, GEORGE D Name: Name: PO BOX 15340 62 US ROUTE ONE Address: Address: City-St-Zip: PORTLAND, ME 04112 City-St-Zip: CUMBERLAND FORESIDE, ME 04110 Title: Title: () Delete (X) Change () Addition Name: BONNVIE, JAMES M Name: BONNVIE, JAMES M PO BOX 15340 62 US ROUTE ONE Address: Address: PORTLAND, ME 04112 CUMBERLAND FORESIDE, ME 04110 City-St-Zip: City-St-Zip: Title: () Delete Title: () Change () Addition DELUCA, THOMAS M Name: Name: 4800 SUGAR GROVE SUITE 310 Address: Address: STAFFORD, TX 77477 City-St-Zip: City-St-Zip: Title: VΡ () Delete Title: () Change () Addition PICINISCO, BÉRNARD E Name: Name: Address: 4 LOUIS LANE Address: City-St-Zip: City-St-Zip: DARTMOUTH, MA 02747 Title: Title: (X) Change () Addition () Delete WEATHERBIE, DAVID B WEATHERBIE, DAVID B Name: Name: PO BOX 15340 Address: 62 US ROUTE ONE Address: CUMBERLAND FORESIDE, ME 04110 City-St-Zip: PORTLAND, ME 04112 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: GEORGE D. BABEU P 03/21/2008