

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000002355

FILED
Mar 18, 2009
Secretary of State

Entity Name: ONE SOURCE RISK MANAGEMENT & FUNDING INC.

Current Principal Place of Business:

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

New Principal Place of Business:

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:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 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: 62 US ROUTE ONE
City-St-Zip: CUMBERLAND FORESIDE, ME 04110

Title: D () Delete
Name: BONNVIE, JAMES M
Address: 62 US ROUTE ONE
City-St-Zip: CUMBERLAND FORESIDE, ME 04110

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

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: 62 US ROUTE ONE
City-St-Zip: CUMBERLAND FORESIDE, ME 04110

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:

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: DAVID B. WEATHERBIE

ST

03/18/2009

Electronic Signature of Signing Officer or Director

_____ Date