

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008 8:00 am
Secretary of State

01-24-2008 90031 027 ***150.00

DOCUMENT # F07000000544 1. Entity Name NATIONWELD RISK RETENTION GROUP, INC.					
Principal Place of Business 5101 WISCONSIN AVENUE, N.W. WASHINGTON, DC 20016				Mailing Address 5101 WISCONSIN AVENUE, N.W. WASHINGTON, DC 20016	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip 		3. Mailing Address c/o Risk Services, 2233 Wisconsin Ave., N.W. Suite, Apt. #, etc. Suite 310 City & State Washington, D.C. Zip 20007			
4. FEI Number 20-4966537		Applied For <input type="checkbox"/> Not Applicable		01182008 Chg-P CR2E034 (12/06)	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent ROGERS, MICHAEL T RISK SERVICES 1800 SECOND STREET, STE 909 SARASOTA, FL 34236				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BRANT, WALLY PO BOX 78588 INDIANAPOLIS, IN 46278 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Angela Harrison 9006 Crystal Hill Road North Little Rock, AR 72113 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP MADISON, JIM 40-14 19 AVENUE LONG ISLAND CITY, NY 11105 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Bill McCourt 130 Cross Road Waterford, CT 06385 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTS WALLER, LAURIE 2790 IDLEWOOD AVE CARNEGIE, PA 15106 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Dave Mahoney 20 Center Street Albany, NY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THORTON, BOB 94 W FOREST GROVE RD VINELAND, NJ 08360 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Troy Winch 1800 Second Street, Suite 909 Sarasota, FL 34236 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS ROSS, HEATHER 1501 WILSON BLVD. STE 1110 ARLINGTON, VA 22209 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, TOM 772 MARION RD COLUMBUS, OH 43207 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<div style="text-align: right;"> 1/18/08 202-491-5944 </div>			