

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000000544

FILED  
Feb 27, 2009  
Secretary of State

Entity Name: NATIONWELD RISK RETENTION GROUP, INC.

## Current Principal Place of Business:

5101 WISCONSIN AVENUE, N.W.  
WASHINGTON, DC 20016

## New Principal Place of Business:

607 14TH STREET, NW  
SUITE 900  
WASHINGTON, DC 20005

## Current Mailing Address:

C/O RISK SERVICES  
2233 WISCONSIN AVE, NW, STE 310  
WASHINGTON, DC 20007

## New Mailing Address:

FEI Number: 20-4966537      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ROGERS, MICHAEL T  
RISK SERVICES  
1800 SECOND STREET, STE 909  
SARASOTA, FL 34236 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: DP ( ) Delete  
Name: BRANT, WALLY  
Address: PO BOX 78588  
City-St-Zip: INDIANAPOLIS, IN 46278

Title: DVP ( ) Delete  
Name: MADISON, JIM  
Address: 40-14 19 AVENUE  
City-St-Zip: LONG ISLAND CITY, NY 11105

Title: DTS ( ) Delete  
Name: WALLER, LAURIE  
Address: 2790 IDLEWOOD AVE  
City-St-Zip: CARNEGIE, PA 15106

Title: D ( ) Delete  
Name: THORTON, BOB  
Address: 94 W FOREST GROVE RD  
City-St-Zip: VINELAND, NJ 08360

Title: AS ( ) Delete  
Name: ROSS, HEATHER  
Address: 1501 WILSON BLVD, STE 1110  
City-St-Zip: ARLINGTON, VA 22209

Title: D ( ) Delete  
Name: SMITH, TOM  
Address: 772 MARION RD  
City-St-Zip: COLUMBUS, OH 43207

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition  
Name: BRANT, WALTER  
Address: PO BOX 78588  
City-St-Zip: INDIANAPOLIS, IN 46278

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: AS (X) Change ( ) Addition  
Name: ROSS, HEATHER  
Address: 2233 WISCONSIN AVENUE, NW, STE. 310  
City-St-Zip: WASHINGTON, DC 20007

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: HEATHER ROSS

AS

02/27/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date