

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000003791

FILED
Jan 06, 2009
Secretary of State

Entity Name: FIRST NIAGARA RISK MANAGEMENT, INC.

Current Principal Place of Business:

726 EXCHANGE STREET SUITE 900
BUFFALO, NY 14210

New Principal Place of Business:

Current Mailing Address:

726 EXCHANGE STREET SUITE 900
BUFFALO, NY 14210

New Mailing Address:

FEI Number: 16-0976844 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: C () Delete
Name: KOELMEL, JOHN
Address: 5574 OAKRIDGE DR
City-St-Zip: HAMBURG, NY 14075

Title: D () Delete
Name: CANTARA, DANIEL
Address: 331 DEPEW AVE
City-St-Zip: BUFFALO, NY 14214

Title: P () Delete
Name: HOFFMAN, JOHN
Address: 9578 COBBLESTONE DR
City-St-Zip: CLARENCE, NY 14031

Title: VP () Delete
Name: TERESI, JOSEPH
Address: 6708 SONG HILL LANE
City-St-Zip: VICTOR, NY 14564

Title: S () Delete
Name: MINEO, JOHN
Address: 28 CANTERBURY LANE
City-St-Zip: E AURORA, NY 14052

Title: T () Delete
Name: HARRINGTON, MICHAEL
Address: 8346 BLACK WALNUT DR
City-St-Zip: E AMHERST, NY 14051

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:

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: JOSEPH R. TERESI

VP

01/06/2009

Electronic Signature of Signing Officer or Director

_____ Date