

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000002607

FILED
Jan 04, 2010
Secretary of State

Entity Name: RISK & INSURANCE CONSULTANTS, INC.

Current Principal Place of Business:

6400 POWERS FERRY RD, NW., SUITE 395
ATLANTA, GA 30339

New Principal Place of Business:

Current Mailing Address:

6400 POWERS FERRY RD, NW., SUITE 395
ATLANTA, GA 30339

New Mailing Address:

FEI Number: 20-5747011

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

INCorp SERVICES, INC.
17888 67TH COURT NORTH
LOXAHATCHEE, FL 33470 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: CEO
Name: MOLINA, STEVE
Address: 6400 POWERS FERRY RD, NW., SUITE 395
City-St-Zip: ATLANTA, GA 30339

Title: VCS
Name: KITCHEN, JILL
Address: 6400 POWERS FERRY RD, NW., SUITE 395
City-St-Zip: ATLANTA, GA 30339

Title: CFO
Name: LAIRD, BRUCE
Address: 6400 POWERS FERRY RD, NW., SUITE 395
City-St-Zip: ATLANTA, GA 30339

I hereby 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 all other like empowered.

SIGNATURE: JILL KITCHEN

VCS

01/04/2010

Electronic Signature of Signing Officer or Director

Date