2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 04, 2011
Secretary of State

DOCUMENT# F09000002607

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:

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

Current Mailing Address:

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

New Mailing Address:

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

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

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 KIRSTEN KITCHEN VCS 01/04/2011

Electronic Signature of Signing Officer or Director Date