

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

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PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F93000004103 (8)

1. Corporation Name:
STERLING RISK MANAGEMENT SERVICES, INC.



Principal Place of Business 100 NORTH PARKWAY WORCESTER MA 01605	Mailing Address 100 NORTH PARKWAY WORCESTER MA 01605
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2. Principal Place of Business 21 440 LINCOLN STREET Suite, Apt. #, etc. 22 City & State 23 WORCESTER, MA Zip Country 24 01603 25	2a. Mailing Address 26 440 LINCOLN STREET Suite, Apt. #, etc. 27 City & State 28 WORCESTER, MA Zip Country 29 01603 30
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3. Date Incorporated or Qualified 09/07/1993	3a. Date of Last Report 04/25/1995
4. FEI Number 04-3166066	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
	85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D
NAME	MAY, J. BARRY	1.2 NAME	CHRISTOPHER BROWN
STREET ADDRESS	100 CENTURY DR.	1.3 STREET ADDRESS	440 Lincoln Street
CITY-ST-ZIP	WORCESTER MA 01606-1245	1.4 CITY-ST-ZIP	Worcester, MA 01603
TITLE	D	2.1 TITLE	D
NAME	O'BRIEN, JOHN F	2.2 NAME	Philip E Seale
STREET ADDRESS	440 LINCOLN ST.	2.3 STREET ADDRESS	440 Lincoln St.
CITY-ST-ZIP	WORCESTER MA 01653	2.4 CITY-ST-ZIP	Worcester, MA 01603
TITLE	D	3.1 TITLE	
NAME	RICHARDSON, JAMES F	3.2 NAME	
STREET ADDRESS	100 NORTH PARKWAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	WORCESTER MA 01605	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	ROVITO, JOSEPH V	4.2 NAME	
STREET ADDRESS	100 NORTH PARKWAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	WORCESTER MA 01605	4.4 CITY-ST-ZIP	
TITLE	DP	5.1 TITLE	D
NAME	RUPLEY, THEODORE J	5.2 NAME	William G. Whitehead
STREET ADDRESS	100 NORTH PARKWAY	5.3 STREET ADDRESS	440 Lincoln Street
CITY-ST-ZIP	WORCESTER MA 01605	5.4 CITY-ST-ZIP	Worcester, MA 01603
TITLE	D	6.1 TITLE	
NAME	SUTTON, JOHN E	6.2 NAME	
STREET ADDRESS	330 S. RANDOLPHVILLE ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	PISCATAWAY NJ 08855	6.4 CITY-ST-ZIP	

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)

**STERLING RISK MANAGEMENT
OFFICER / DIRECTOR ROSTER**

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DIRECTORS:

BUSINESS ADDRESS:

Christopher C. Brown

**440 Lincoln Street
Worcester, MA 01653**

James F. Richardson

**100 North Parkway
Worcester, MA 01653**

Joseph V. Rovito

**100 North Parkway
Worcester, MA 01653**

Phillip E. Soule

**440 Lincoln Street
Worcester, MA 01653**

William G. Whitehead

**440 Lincoln Street
Worcester, MA 01653**

OFFICERS:

TITLE

Abigail M. Armstrong

Secretary

**440 Lincoln Street
Worcester, MA 01653**

William K. Fain

Asst. Treasurer

**440 Lincoln Street
Worcester, MA 01653**

Robert G. Juneau

Asst. Treasurer

**440 Lincoln Street
Worcester, MA 01653**

Michael K. Malone

Vice President

**440 Lincoln Street
Worcester, MA 01653**

Edward A. Ostrout

Asst. Treasurer

**440 Lincoln Street
Worcester, MA 01653**

Edward J. Parry III

**Vice President
Treasurer**

**440 Lincoln Street
Worcester, MA 01653**

Robert E. Soby

Vice President

**440 Lincoln Street
Worcester, MA 01653**

Phillip E. Soule

President

**440 Lincoln Street
Worcester, MA 01653**

Henry P. St. Cyr

Asst. Treasurer

**440 Lincoln Street
Worcester, MA 01653**

Shelia B. St. Hilaire

Asst. Secretary

**440 Lincoln Street
Worcester, MA 01653**

William G. Whitehead

Vice President

**440 Lincoln Street
Worcester, MA 01653**

Stanley A. Zagorski

Asst. Treasurer

**440 Lincoln Street
Worcester, MA 01653**