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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED May 01 1997 8:00am Secretary of State

DOCUMENT I. Corporation Name	#	F930	000	04	103	(8)

	NG RISK MANAGEMENT SE	RVICES, INC. Mailing Address	······································		,_ ;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;				
440 LINCOLN CTREET WORCESTER MA 01653 US WARRING ACCIONS WORCESTER MA 01805 US									
•		**				3. Date Incorporated or Qualified	3a. D	ate of Last F	leport
			******			09/07/1993	05/	01/1996	
-	Place of Business	2a. Mailing Address				4. FEI Number		· · · · · · · · · · · · · · · · · · ·	optied For
Suite, An	4 A A	26 440 Linco	in St	ree	et	04-3166066		·····	ot Applicable
22 SOILE, AP	L #, etc	27 Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional equired
City & Sta	ate	City & State				6. Election Campaign Financing			May Be
23		28 Worcester	MA			Trust Fund Contribution			may be to Fees
Ζιρ	Country	Zip	Cou	intry	, ,	8. This corporation has liability fo	intanglble		
4	25	29 01653	30		US		☐ Yes [
	9. Name and Address of Currer	nt Registered Agent				10. Name and Address of New R	egistered	Agent	
C1	T CORPORATION SYSTEM			81	Name				
	00 SOUTH PINE ISLAND ROAD		B2 Stro			dress (P.O. Box Number is Not Accepta	able)		
PL/	ANTATION FL 33324					· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		
				83					
				84	City			85 Zip	Code
							FL	.	
office or agent. I SIGNATURE		of Florida. Such change was alions of, Section 607.0505, Fl	authorize orida Stal	d by t	the corpor	rporation submits this statement for the ation's board of directors. I hereby acc	ept the app	pointment as	registered
SIGNATURE	Signature, typed or printed name of registered age	on and tille if applicable (NO	E Registere	d Agent	signature req	ured when reinstating)	DATE		
12.	OFFICERS AN		13.			ADDITIONS/CHANGES TO OFF	CERS AN		
TITLE	D COURT CHEST COURT	☐ DELETE	1,1 11		1			Change	Addition
NAME	BROWN, CHRISTOPHER		1.2 N			# P5			
STREET ADDRESS					DDAESS				
City · St · 74P	WORCESTER MA	DELETE		IY-ST-		D/P		Sc Change	Addition
THLE	D DUILE DUILE	C'') DECEIC	2.1 10			Phillip E. Soule		CM change	☐ Addition
NAME	SOULS, PHILIP 440 LINCOLN ST.		2.2 N			ruttith F. Soure			
STREET ADDRESS	WORCESTER MA				DORESS				
CHY-ST-ZIF TallE	D D	DELETE	2. 4 C	ITY - ST	· ZIP	······································		Change	Addition
NAME	RICHARDSON, JAMES F	C secric	32 N		Ì			- Sinnings	
STREET ADDRESS	*** *** *******************************				DORESS				
City - ST - 7iP	WORCESTER MA 01605			ITY-ST					
THE	D	DELETE	4,1 11				· · · · · · · · · · · · · · · · · · ·	Change	Addition
NAME	ROVITO, JOSEPH V		4.2 N		ļ				
STREET ADDRESS					DDRESS				
CITY-SI-ZiP	WORCESTER MA 01605			TY-ST-					
Title	D	DELETE	51 TI			D/V		Change	Addition
NAME	WHITEHEAD, WILLIAM		5.2 N	AME	1				
STREET ADDRESS					DDRESS				
CHY-ST-ZIP	WORCESTER MA			TY-ST-					
TITLE	D	DELETE	6.1 TI			S		Change	X Addition
NAME	SUTTON, JOHN E		. 6.2 N	AME	1	bigail M. Armstrong			
STREET ADDRESS)	6.3 ST	REET A		40 Lincoln Street			
0170 01 310	PISCATAWAY NJ 08855		I			AN NIMONIM BLICKE			
CITY - ST - ZIP	T LISCATALINI IN 00000		6.4 CI	TY-51-	-ZiP Tri	ed in Section 19.07(3)(i), Florida Statul			

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 chapter or on an attachment with an address.

SIGNATURE:

DNATURE AND TYPED OR PRIMED NAME OF SIGNING FICER OR DIRECTOR

4/23/9

(508) 855-2818