


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Apr 07, 1999 8:00 am
Secretary of State

04-07-1999 90009 012 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State, DIVISION OF CORPORATIONS
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DOCUMENT # F93000004103
 1. Corporation Name
STERLING RISK MANAGEMENT SERVICES, INC.



Principal Place of Business 440 LINCOLN CTREET WORCESTER MA 01653 US	Mailing Address 440 LINCOLN ST WORCESTER MA 01653 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29
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3. Date Incorporated or Qualified 09/07/1993	4. FEI Number 04-3166066	Applied For <input type="checkbox"/> 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 owes the current year Intangible Personal Property Tax.	<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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	D	
NAME	BROWN, CHRISTOPHER	
STREET ADDRESS	440 LINCOLN STREET	
CITY-ST-ZIP	WORCESTER MA	
TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	SOULE, PHILLIP E.	
STREET ADDRESS	440 LINCOLN ST.	
CITY-ST-ZIP	WORCESTER MA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RICHARDSON, JAMES F	
STREET ADDRESS	100 NORTH PARKWAY	
CITY-ST-ZIP	WORCESTER MA 01605	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROVITO, JOSEPH V	
STREET ADDRESS	100 NORTH PARKWAY	
CITY-ST-ZIP	WORCESTER MA 01605	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	WHITEHEAD, WILLIAM	
STREET ADDRESS	440 LINCOLN STREET	
CITY-ST-ZIP	WORCESTER MA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	ARMSTRONG, ABIGAIL M.	
STREET ADDRESS	440 LINCOLN STREET	
CITY-ST-ZIP	WORCESTER MA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE			
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE	DP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
2.2 NAME	Patterson, David. M.		
2.3 STREET ADDRESS	440 Lincoln Street		
2.4 CITY-ST-ZIP	Worcester, Ma. 01653		
3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: Lee W. Erickson **REQUIRED** Lee W. Erickson Assistant Treasurer
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)