

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 28, 2000 8:00 am
Secretary of State

08-28-2000 90061 010 ***550.00

DOCUMENT # F93000004103

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

04-3166066

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back)

FILE-NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** Delete
 NAME **BROWN, CHRISTOPHER**
 STREET ADDRESS **440 LINCOLN STREET**
 CITY-ST-ZIP **WORCESTER MA**

TITLE **D** Change Addition
 NAME **Huber, J. Kendall**
 STREET ADDRESS **440 Lincoln Street**
 CITY-ST-ZIP **Worcester, MA 01653**

TITLE **DP** Delete
 NAME **PATTERSON, DAVID M**
 STREET ADDRESS **440 LINCOLN ST.**
 CITY-ST-ZIP **WORCESTER MA 01653**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **RICHARDSON, JAMES F**
 STREET ADDRESS **100 NORTH PARKWAY**
 CITY-ST-ZIP **WORCESTER MA 01605**

TITLE **D** Change Addition
 NAME **Restrepo, Robert P.**
 STREET ADDRESS **100 North Parkway**
 CITY-ST-ZIP **Worcester, MA 01605**

TITLE **D** Delete
 NAME **ROVITO, JOSEPH V**
 STREET ADDRESS **100 NORTH PARKWAY**
 CITY-ST-ZIP **WORCESTER MA 01605**

TITLE **AT** Change Addition
 NAME **Erickson, Lee W.**
 STREET ADDRESS **440 Lincoln Street**
 CITY-ST-ZIP **Worcester, MA 01653**

TITLE **DV** Delete
 NAME **WHITEHEAD, WILLIAM**
 STREET ADDRESS **440 LINCOLN STREET**
 CITY-ST-ZIP **WORCESTER MA**

TITLE **V** Change Addition
 NAME **Hall, Terrence J.**
 STREET ADDRESS **440 Lincoln Street**
 CITY-ST-ZIP **Worcester, MA 01653**

TITLE **S** Delete
 NAME **ARMSTRONG, ABIGAIL M.**
 STREET ADDRESS **440 LINCOLN STREET**
 CITY-ST-ZIP **WORCESTER MA**

TITLE **S** Change Addition
 NAME **Cronin, Charles F.**
 STREET ADDRESS **440 Lincoln Street**
 CITY-ST-ZIP **Worcester, MA 01653**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.073(1), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
LEE W. ERICKSON

Date **08/11/2000**

Daytime Phone # **(508) 855-2490**

CR2E034 (5/00)

Attachment
F.93000004103
D0082191



June 14, 2000

Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Dear Madam:

Enclosed on behalf of Sterling Risk Management Services, Inc., is the 2000 Profit Corporation Annual Report together with a check in the amount of \$550.00 for the fees due at the time of filing.

Sincerely,

A handwritten signature in cursive script that reads "Sharon Robinson".

Sharon Robinson
Subsidiary Accountant

440 Lincoln Street, Worcester, Massachusetts 01653, Phone 508 855-1000, Fax 508 853-6332

State Mutual Life Assurance Company of America • SMA Life Assurance Company • AllAmerica Trust Company, N.A. • AllAmerica Investments, Inc.
AllAmerica Investment Management Company, Inc. • AllAmerica Realty Advisors, Inc. • 440 Financial Distributors, Inc. • Sterling Risk Management Services, Inc.
The Hanover Insurance Company • 440 Financial Group of Worcester, Inc.