

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91348 028 ***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 |
|--|--|



DO NOT WRITE IN THIS SPACE

| | | | | | | | |
|--------------------------------|---------|---------------------|---------|---|--|---------------------------------------|--|
| 2. Principal Place of Business | | 3. Mailing Address | | 4. FEI Number 04-3166066 | | Applied For | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | Not Applicable | |
| City & State | | City & State | | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| Zip | Country | Zip | Country | | | | |

| | | | | | | | | | |
|---|--|--|--|--|--|--|--|-----------|----------|
| 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 _____ (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) <input type="checkbox"/> | FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|--|

| 11. OFFICERS AND DIRECTORS | | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
|--|--|--|---|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D KENDALL, HUBER J 440 LINCOLN STREET WORCESTER MA 01653 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP PATTERSON, DAVID M 440 LINCOLN ST. WORCESTER MA 01653 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D RESTREPO, ROBERT P 100 NORTH PARKWAY WORCESTER MA 01605 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | AT ERICKSON, LEE W 440 LINCOLN STREET WORESTER MA 01653 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V HALL, TERENCE J 440 LINCOLN STREET WORCESTER MA 01653 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | David B. Johnson 440 Lincoln Str. Worcester, MA 01653 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S CRONIN, CHARLES F 440 LINCOLN STREET WORESTER MA 01653 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

13. 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 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: *Lee W Erickson* 05/04/2001 (508) 855-2490
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)

12/31/2000

Attachment

844723

Officers and Directors

F93000004103

Sterling Risk Management Services, Inc.

| <u>Director</u> | <u>Title</u> | <u>Start Date</u> |
|-------------------------|--------------|-------------------|
| J. Kendall Huber | Director | 06/19/2000 |
| David M. Patterson | Director | 12/28/1998 |
| Robert P. Restrepo, Jr. | Director | 06/19/2000 |

| <u>Officer</u> | <u>Title</u> | <u>Start Date</u> |
|----------------------|--------------------------|-------------------|
| Abigail M. Armstrong | Assistant Secretary | 04/28/1999 |
| Marc P. Courmoyer | Assistant Treasurer | 04/28/1999 |
| Charles F. Cronin | Secretary | 06/01/2000 |
| Lee D. Davidson | Assistant Vice President | 05/31/1996 |
| Mary M. Eldridge | Assistant Secretary | 06/01/2000 |
| Lee W. Erickson | Assistant Treasurer | 09/14/1998 |
| William K. Fain | Assistant Treasurer | 11/05/1992 |
| David B. Johnson | Vice President | 02/20/1997 |
| Robert G. Juneau | Assistant Treasurer | 04/26/1995 |
| Michael K. Malone | Vice President | 11/10/1995 |
| Mark C. McGivney | Treasurer | 03/31/2000 |
| K. David Nunley | Vice President | 10/13/2000 |
| Edward J. Parry III | Assistant Treasurer | 03/31/2000 |
| | Vice President | 04/27/1994 |
| David M. Patterson | President | 12/28/1998 |
| Martin A. Snow | Assistant Treasurer | 08/31/1999 |
| Henry P. St. Cyr | Assistant Treasurer | 11/05/1992 |