

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2001 8:00 am
Secretary of State

03-01-2001 90012 045 ***150.00

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1. Entity Name
ALTERNATIVE RISK TRANSFER INSURANCE STRATEGIES,

Principal Place of Business 9 FARM SPRINGS ROAD FARMINGTON CT 06032	Mailing Address 9 FARM SPRINGS ROAD FARMINGTON CT 06032
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address 9300 Arrowpoint Blvd.	
Suite, Apt. #, etc.		Suite, Apt. #, etc. MS 1313	
City & State		City & State Charlotte, NC	
Zip	Country	Zip	Country
28273		28273	Mecklenburg

4. FEI Number 06-1385513	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
 1200 S. PINE ISLAND RD.
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent
 Name
Corporation Service Company
 Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street
 City **Tallahassee** **FL** Zip Code **32301**

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 *Laura R. Dunlap* **Laura R. Dunlap** as its agent **2/19/01**
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 \$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. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE VPT	<input type="checkbox"/> Delete
NAME GOWEN, LAWRENCE W	
STREET ADDRESS 9300 ARROWPOINT BLVD	
CITY-ST-ZIP CHARLOTTE NC 28201	
TITLE SV	<input type="checkbox"/> Delete
NAME MULREADY, STEPHEN M	
STREET ADDRESS 9 FARM SPRINGS ROAD	
CITY-ST-ZIP FARMINGTON CT 06032	
TITLE DP	<input type="checkbox"/> Delete
NAME SCHULTZ, ROBERT D	
STREET ADDRESS 9 FARM SPRINGS ROAD	
CITY-ST-ZIP FARMINGTON CT 06032	
TITLE VP	<input type="checkbox"/> Delete
NAME O'BRIEN, EDWARD	
STREET ADDRESS 9 FARM SPRINGS ROAD	
CITY-ST-ZIP FARMINGTON CT 06032	
TITLE DCEO	<input type="checkbox"/> Delete
NAME BECKER, W M	
STREET ADDRESS 9 FARM SPRINGS ROAD	
CITY-ST-ZIP FARMINGTON CT 06032	
TITLE S	<input type="checkbox"/> Delete
NAME SPITZER, JUDY S	
STREET ADDRESS 9 FARM SPRINGS ROAD	
CITY-ST-ZIP FARMINGTON CT 06032	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	9300 Arrowpoint Blvd.
CITY-ST-ZIP	Charlotte, NC 28273

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: *Judy S. Spitzer* **Judy S. Spitzer, Corp. Secty** **2/23/01** **704-522-2841**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)