

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000000804

FILED  
Mar 14, 2005  
Secretary of State

Entity Name: ALTERNATIVE RISK TRANSFER INSURANCE STRATEGIES, INC.

**Current Principal Place of Business:**

9300 ARROWPOINT BLVD  
CHARLOTTE, NC 28273

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1000  
CHARLOTTE, NC 28273

**New Mailing Address:**

FEI Number: 06-1385513      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301      US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: T ( ) Delete  
Name: FULLER, GWYN  
Address: 9300 ARROWPOINT BLVD  
City-St-Zip: CHARLOTTE, NC 28273

Title: P ( ) Delete  
Name: TIGHE, JOHN  
Address: 9300 ARROWPOINT BLVD.  
City-St-Zip: CHARLOTTE, NC 28273

Title: DVP ( ) Delete  
Name: CAHILL, DENNIS W  
Address: 9300 ARROWPOINT BLVD.  
City-St-Zip: CHARLOTTE, NC 28273

Title: VP ( ) Delete  
Name: DAVENPORT, DAVID M  
Address: 9300 ARROWPOINT BLVD.  
City-St-Zip: CHARLOTTE, NC 28273

Title: CS ( ) Delete  
Name: PETTIGREW, LINDA Y  
Address: 9300 ARROWPOINT BLVD.  
City-St-Zip: CHARLOTTE, NC 28273

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DSVP (X) Change ( ) Addition  
Name: CAHILL, DENNIS W  
Address: 9300 ARROWPOINT BLVD.  
City-St-Zip: CHARLOTTE, NC 28273

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DSVP ( ) Change (X) Addition  
Name: BEATTY, SEAN A  
Address: 9300 ARROWPOINT BLVD.  
City-St-Zip: CHARLOTTE, NC 28273

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LINDA Y PETTIGREW

CS

03/14/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date