

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morfitt  
Secretary of State  
DIVISION OF CORPORATIONS

**APPROVED  
AND  
FILED**

95 MAR -6 AM 10:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # F94000003575 (7)**

1. Corporation Name

**QUANTUM INTERNATIONAL ADJUSTERS LTD. INCORPORATE  
D**

Principal Place of Business

Mailing Address

ONE HOSPITAL TRUST PLAZA  
SUITE 1520  
PROVIDENCE RI 02903

ONE HOSPITAL TRUST PLAZA  
SUITE 1520  
PROVIDENCE RI 02903

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

3a. Date of Last Report

07/07/1994

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number

Applied For

05-0454154

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes

Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HART, KENNETH R  
227 S. CALHOUN ST.  
TALLAHASSEE FL 32301

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

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

(NOTE: Registered Agent signature required when reconstituting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: PSTD  
NAME: MONTALBANO, PETER  
STREET ADDRESS: 551 FIFTH AVE.  
CITY-STATE-ZIP: NEW YORK NY 10176

1. TITLE: PTD  
12 NAME: MONTALBANO, PETER  
13 STREET ADDRESS: 551 Fifth Avenue  
14 CITY-STATE-ZIP: New York, NY 10176  
 Change  Addition

TITLE: D  
NAME: TANCRELL, NORMAN  
STREET ADDRESS: ONE HOSPITAL TRUST PLAZA  
CITY-STATE-ZIP: PROVIDENCE RI 02903

2.1 TITLE:  
2.2 NAME:  
2.3 STREET ADDRESS:  
2.4 CITY-STATE-ZIP:  
 Change  Addition

TITLE:  
NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

3.1 TITLE: S  
3.2 NAME: SACCO, SAMUEL A.  
3.3 STREET ADDRESS: 1520 Hospital Trust Tower  
3.4 CITY-STATE-ZIP: Providence, RI 02903  
 Change  Addition

TITLE:  
NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

4.1 TITLE: D  
4.2 NAME: TANCRELL, NORMAN F.  
4.3 STREET ADDRESS: 1520 Hospital Trust Tower  
4.4 CITY-STATE-ZIP: Providence, RI 02903  
 Change  Addition

TITLE:  
NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

5.1 TITLE:  
5.2 NAME:  
5.3 STREET ADDRESS:  
5.4 CITY-STATE-ZIP:  
 Change  Addition

TITLE:  
NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

6.1 TITLE:  
6.2 NAME:  
6.3 STREET ADDRESS:  
6.4 CITY-STATE-ZIP:  
 Change  Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information included 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR

Samuel A. Sacco

2/27/95

401-421-9606