FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 PM 9:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F94000006493 (0)**

1. Corporation Name

CIC RISK MANAGEMENT CORPORATION

Principal Place of Business	Mailing Address
1148 BROADWAY PLAZA TACOMA WA 98402	1148 BROADWAY PLAZA TACOMA WA 98402

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/20/1994**
3a. Date of Last Report:

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22 / 27:
City & State — 23 / 28:
Zip — 24 / 29: Country — 25 / 30:

4. FEI Number: **91-1642946** ☐ Applied For ☐ 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

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

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when amending)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	PD	11 TITLE	V ☐ Change ☒ Addition
NAME	MARKER, CHRIS	12 NAME	William S Peiser, Jr
STREET ADDRESS	1148 BROADWAY PLAZA	13 STREET ADDRESS	1148 Broadway Plaza
CITY-ST-ZIP	TACOMA WA 98402	14 CITY-ST-ZIP	Tacoma, WA 98402
TITLE	VCFO	21 TITLE	☐ Change ☐ Addition
NAME	PACQUER, ROBERT F	22 NAME	
STREET ADDRESS	1148 BROADWAY PLAZA	23 STREET ADDRESS	
CITY-ST-ZIP	TACOMA WA 98402	24 CITY-ST-ZIP	
TITLE	VSD	31 TITLE	☐ Change ☐ Addition
NAME	ADCOCK, RICHARD P	32 NAME	
STREET ADDRESS	1148 BROADWAY PLAZA	33 STREET ADDRESS	
CITY-ST-ZIP	TACOMA WA 98402	34 CITY-ST-ZIP	
TITLE	V	41 TITLE	☐ Change ☐ Addition
NAME	SCOUMPERDIS, KRIS	42 NAME	
STREET ADDRESS	1148 BROADWAY PLAZA	43 STREET ADDRESS	
CITY-ST-ZIP	TACOMA WA 98402	44 CITY-ST-ZIP	
TITLE	VT	51 TITLE	☐ Change ☐ Addition
NAME	SCHNEIDER, ROBERT K	52 NAME	
STREET ADDRESS	1148 BROADWAY PLAZA	53 STREET ADDRESS	
CITY-ST-ZIP	TACOMA WA 98402	54 CITY-ST-ZIP	
TITLE	V	61 TITLE	☐ Change ☐ Addition
NAME	WEITZ, MICHAEL B	62 NAME	
STREET ADDRESS	1148 BROADWAY PLAZA	63 STREET ADDRESS	
CITY-ST-ZIP	TACOMA WA 98402	64 CITY-ST-ZIP	

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 119.07(3)(i), Florida Statutes. I further certify that the information indicated 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 on an attachment with an address.

SIGNATURE: William S Peiser Jr — Vice President, Taxation — 5/1/95 — (206) 572-7701
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0004726 FN