FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

95 MAY 10 AM 10: 35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F94696** **(4)**

1. Corporate Name

RISK RESEARCH INSTITUTE, INC.

Principal Place of Business	Mailing Address
3400 COMMERCE W BLOOMFIELD MI 48324 US	313 S. PALMETTO AVE. DAYTONA BEACH FL 32114-4919

DO NOT WRITE IN THIS SPACE

3. Date Incorporated / Qualified: 08/16/1982	3a. Date of Last Report: 06/28/1994		
4. FEI Number: 31-1071965	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			

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SHELLEY, W. DENIS 313 SOUTH PALMETTO AVENUE DAYTONA BEACH FL 32014	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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	[ ] Change [ ] Addition
NAME	NEVILLE, HAIG G.	
STREET ADDRESS	3400 COMMERCE RD.	
CITY-ST-ZIP	W. BLOOMFIELD MI	
TITLE	STD	[ ] Change [ ] Addition
NAME	NEVILLE, JUANITA L.	
STREET ADDRESS	3400 COMMERCE RD.	
CITY-ST-ZIP	W. BLOOMFIELD MI	
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
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: Haig G. Neville — 5/2/95 — 800 683 0860

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: HAIG G. NEVILLE

Date — Daytime Phone #

0007669 CP