


**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**

**Jun 17 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT #** (0)  
 1. Corporation Name  
 F95600003330  
**RISK ENTERPRISE MANAGEMENT LIMITED, INC**

Principal Place of Business 59 MAIDEN LANE NEW YORK NY 10038	Mailing Address 59 MAIDEN LANE NEW YORK NY 10038
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
 06/21/96

4. FEI Number  
 13-3832689

5. Certificate of Status Desired  \$8.75 Additio  
 Fee Required

6. Election Campaign Financing  \$5.00 May E  
 Trust Fund Contribution Added to Fee

8. This corporation owes or has paid the current year Intangibl  
 Personal Property Tax due June 30.  Yes  No

21. Principal Place of Business Suite, Apt. #, etc. City & State Zip	22. Mailing Address Suite, Apt. #, etc. City & State Zip	23. Country	24. Country
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81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 FL	86 Zip Code
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9. Name and Address of Current Registered Agent  
 CT CORPORATION SYSTEM  
 1800 SOUTH PINE ISLAND RD.  
 PLANTATION FL. 33324

10. Name and Address of New Registered Agent

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 regis  
 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 regis  
 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1	
TITLE <input checked="" type="checkbox"/>	DCEO JOHNSON, PETER 59 MAIDEN LANE NEW YORK NY	<input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/>
TITLE <input type="checkbox"/>	VT WILSON, ARTHUR D 59 MAIDEN LANE NEW YORK NY	<input type="checkbox"/> DELETE	1.2 NAME
TITLE <input checked="" type="checkbox"/>	TVC HERSHMAN, RICHARD 59 MAIDEN LANE NEW YORK NY	<input checked="" type="checkbox"/> DELETE	1.3 STREET ADDRESS
TITLE <input checked="" type="checkbox"/>	SVP MOAK, ROGER M 59 MAIDEN LANE NEW YORK NY	<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP
TITLE <input type="checkbox"/>	VP NEVENS, MICHAEL 59 MAIDEN LANE NEW YORK NY	<input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/>
TITLE <input type="checkbox"/>	D CALLAHAN, CHARLES E 59 MAIDEN LANE NEW YORK NY	<input type="checkbox"/> DELETE	2.2 NAME
			2.3 STREET ADDRESS
			2.4 CITY-ST-ZIP
			3.1 TITLE <input checked="" type="checkbox"/> EXECUTIVE VICE PRESIDENT MORTON ALBERT W 59 MAIDEN LANE NEW YORK NY 10038
			3.2 NAME
			3.3 STREET ADDRESS
			3.4 CITY-ST-ZIP
			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/>
			4.2 NAME
			4.3 STREET ADDRESS
			4.4 CITY-ST-ZIP
			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/>
			5.2 NAME
			5.3 STREET ADDRESS
			5.4 CITY-ST-ZIP
			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/>
			6.2 NAME
			6.3 STREET ADDRESS
			6.4 CITY-ST-ZIP

14. 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 inform  
 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  
 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  
 Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: MICHAEL NEVENS VICE PRESIDENT (212) 530-1254