

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90045 042 ***150.00

DOCUMENT # F95000003330

1. Entity Name
RISK ENTERPRISE MANAGEMENT LIMITED, INC.

Principal Place of Business

**59 MAIDEN LANE
 NEW YORK NY 10038**

Mailing Address

**59 MAIDEN LANE
 5TH FLOOR
 NEW YORK NY 10038**

2. Principal Place of Business

2540 Route 130

Suite, Apt. #, etc.

Suite 109

City & State
Cranbury, NJ

Zip
08512-3519

Country
U.S.A.

3. Mailing Address

59 Maiden Lane

Suite, Apt. #, etc.

5th Floor

City & State
New York, NY

Zip
10038-4502

Country
U.S.A.

4. FEI Number

13-3832689

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND RD.
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CCEO JOHNSON, PETER D 59 MAIDEN LANE NEW YORK NY 10038 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS MOAK, ROGER M 59 MAIDEN LANE NEW YORK NY 10038 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CALLAHAN, CHARLES E 59 MAIDEN LANE NEW YORK NY 10038 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVFS CALLAHAN, TIMOTHY J 59 MAIDEN LANE NEW YORK NY 10038 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPC RINEY, MICHAEL J 59 MAIDEN LANE NEW YORK NY 10038 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature of Peter D. Johnson
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EVP, General Counsel & Corporate Sec'y
 04/17/2002 (212) 530-7459

Date

Daytime Phone #

CR2E034 (9/01)