


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91029 028 ***150.00

DOCUMENT # F95000003330

1. Entity Name
RISK ENTERPRISE MANAGEMENT LIMITED, INC.



Principal Place of Business
**2540 ROUTE 130
 SUITE 109
 CRANBURY, NJ 08512-3519**

Mailing Address
**GENERAL COUNSEL'S OFFICE
 2540 ROUTE 130, STE 109
 CRANBURY, NJ 08512-3519**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country



01072004 Chg-P CR2E034 (10/03)

4. FEI Number
13-3832689

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

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. I am familiar with, and accept the obligations of registered agent.

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

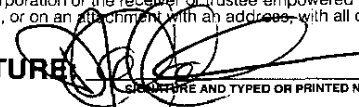
FILE NOW!!! FEE IS \$150.00 - After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
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 2540 ROUTE 130, STE 109 CRANBURY, NJ 085123519 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVFS CALLAHAN, TIMOTHY J 2540 ROUTE 130, STE 109 CRANBURY, NJ 085123519 <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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C/P/D Michael J. Riney 2540 Route 130, Suite 109 Cranbury, New Jersey 08512 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/T/D Timothy J. Callahan 2540 Route 130, Suite 109 Cranbury, New Jersey 08512 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Thomas Huerlimann Mythenquai 2 Zurich, 8022, Switzerland <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Matthew Craig 2540 Route 130, Suite 109 Cranbury, New Jersey 08512 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Paula E. Maguire 2540 Route 130, Suite 109 Cranbury, New Jersey 08512 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/S Timothy McIntyre 2540 Route 130, Suite 109 Cranbury, New Jersey 08512 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE  **Timothy J. Callahan** **4/21/04** **609-495-0014**
Signature and typed or printed name of signing officer or director Date Daytime Phone #