

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000003330

FILED  
Apr 10, 2007  
Secretary of State

Entity Name: RISK ENTERPRISE MANAGEMENT LIMITED, INC.

**Current Principal Place of Business:**

2540 ROUTE 130  
SUITE 109  
CRANBURY, NJ 085123519

**New Principal Place of Business:**

**Current Mailing Address:**

GENERAL COUNSEL'S OFFICE  
2540 ROUTE 130, STE 109  
CRANBURY, NJ 085123519

**New Mailing Address:**

FEI Number: 13-3832689      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: CPD ( ) Delete  
Name: RINEY, MICHAEL J  
Address: 2540 RT 130 STE 109  
City-St-Zip: CRANBURY, NJ 08512

Title: VTD ( ) Delete  
Name: CALLAHAN, TIMOTHY J  
Address: 2540 RT 130 STE 109  
City-St-Zip: CRANBURY, NJ 08512

Title: VS ( ) Delete  
Name: TIMOTHY, MCINTYRE  
Address: 2540 RE 130 STE 109  
City-St-Zip: CRANBURY, NJ 08512

Title: D ( ) Delete  
Name: HUERLIMANN, THOMAS  
Address: MYTHENQUAI 2  
City-St-Zip: ZURICH, SWITZERLAND, SW 8022

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TIMOTHY J. CALLAHAN

VTD

04/10/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date