

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000003330

FILED
May 01, 2008
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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: PRATT, GORDON G
Address: 6 CROSSWOOD ROAD
City-St-Zip: FARMINGTON, CT 06032

Title: D (X) Change () Addition
Name: LIEBER, DANIEL C
Address: 4 EVERGREEN LANE
City-St-Zip: LARCHMONT, NY 10538

Title: D (X) Change () Addition
Name: SWETS, LARRY G JR
Address: 306 NORTH MAPLE
City-St-Zip: ITASCA, IL 60143

Title: D () Change (X) Addition
Name: POTASH, ANDREW
Address: 950 SYLVAN LABE
City-St-Zip: MAMARONECK, NY 10543

I hereby certify that the information supplied with this filing does not qualify 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: ALAN LAWRENCE

VP

05/01/2008

Electronic Signature of Signing Officer or Director

_____ Date