

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000003330

FILED
Apr 08, 2009
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:

2540 ROUTE 130
SUITE 109
CRANBURY, NJ 085123519

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

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

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

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

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:

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

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

04/08/2009

Electronic Signature of Signing Officer or Director

_____ Date