2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2009
Secretary of State

DOCUMENT# F96000006222

Entity Name: NORTH AMERICAN RISK SERVICES, INC.

Current Principal Place of Business:

2600 WESTHALL LANE
SUITE 400
MAITLAND, FL 32751

New Principal Place of Business:

Current Mailing Address:

2600 WESTHALL LANE
SUITE 400
MAITLAND, FL 32751

New Mailing Address:

FEI Number: 13-3901415 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUITVE PARK DR STE 4
WESTON, FL 33331 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: P ( ) Delete
Name: ROBERT, RURYK E
Address: 2600 WESTHALL LANE SUITE 400
City-St-Zip: MAITLAND, FL 32751

Title: SD ( ) Delete
Name: BERNARDO, JAMES
Address: 2600 WESTHALL LANE SUITE 400
City-St-Zip: MAITLAND, FL 32751

Title: D ( ) Delete
Name: MCCULLY, JOHN
Address: 2600 WESTHALL LANE, SUITE 400
City-St-Zip: MAITLAND, FL 32751

Title: CEO ( ) Delete
Name: SLIVA, WALT
Address: 180 MINE LAKE COURT, SUITE 200
City-St-Zip: RALEIGH, NC 27615

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 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: ROBERT E. RURYK P 02/05/2009

Electronic Signature of Signing Officer or Director Date