

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2001 8:00 am
Secretary of State

09-12-2001 90016 019 ***550.00

DOCUMENT # F97000000681

1. Entity Name

GLOBAL RISK CONSULTANTS CORP.

Principal Place of Business

99 WOOD AVE. SQ.
 10TH FLOOR
 ISELIN NJ 08830

Mailing Address

99 WOOD AVE. SQ.
 10TH FLOOR
 ISELIN NJ 08830

2. Principal Place of Business

100 Walnut Ave

3. Mailing Address

100 Walnut Ave

Suite, Apt. #, etc.

5th Floor

Suite, Apt. #, etc.

5th Floor

City & State

Clark, New Jersey

City & State

Clark, New Jersey

Zip

07066

Country

USA

Zip

07066

Country

4. FEI Number

34-1733739

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **DC** ☒ Delete
 NAME **NEHLS, W F**
 STREET ADDRESS **6940 SOUTH EDGEWATER ROAD**
 CITY-ST-ZIP **BRECKSVILLE OH 44141**

TITLE **DC** ☐ Delete
 NAME **RAMONAS, W F**
 STREET ADDRESS **99 WOOD AVE. SQ.**
 CITY-ST-ZIP **ISELIN NJ 08830**

TITLE **DT** ☐ Delete
 NAME **DIMAURO, G**
 STREET ADDRESS **99 WOOD AVE. SQ.**
 CITY-ST-ZIP **ISELIN NJ 08830**

TITLE **P** ☐ Delete
 NAME **GILES, G H**
 STREET ADDRESS **99 WOOD AVE. SQ.**
 CITY-ST-ZIP **ISELIN NJ 08830**

TITLE **V** ☒ Delete
 NAME **ARMSTONG, J S**
 STREET ADDRESS **6940 SOUTHWATER ROAD**
 CITY-ST-ZIP **BRECKSVILLE OH 44141**

TITLE **S** ☐ Delete
 NAME **BARNHOUSE, D E**
 STREET ADDRESS **6940 SOUTH EDGEWATER ROAD**
 CITY-ST-ZIP **BRECKSVILLE OH 44141**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME *EVP David Lowell*
 STREET ADDRESS *100 Walnut Ave, 5th Fl.*
 CITY-ST-ZIP *Clark, NJ 07066*

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/4/01

Date

Daytime Phone #

732-827-4400

CR2E034 (5/01)