

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2004 08:00 AM
Secretary of State

DOCUMENT # F97000000681

1. Entity Name
GLOBAL RISK CONSULTANTS CORP.



Principal Place of Business

**100 WALNUT AVENUE
5TH FLOOR
CLARK, NJ 07066**

Mailing Address

**100 WALNUT AVENUE
5TH FLOOR
CLARK, NJ 07066**

DO NOT WRITE IN THIS SPACE



03172004 No Chg-P CR2E034 (10/03)

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**

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IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U00000111700
04/13/04-80030-019 150.00**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC RAMONAS, W F 99 WOOD AVE. SQ. ISELIN, NJ 08830
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT DIMAURO, G 99 WOOD AVE. SQ. ISELIN, NJ 08830
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GILES, G H 99 WOOD AVE. SQ. ISELIN, NJ 08830
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVR LOWELL, DAVID 100 WALNUT AVE, 5TH FLOOR CLARK, NJ 07066
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BARNHOUSE, D E 6940 SOUTH EDGEWATER ROAD BRECKSVILLE, OH 44141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 10 or Block 11 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

3/17/04
Date

732-827-4400
Daytime Phone #