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PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F97000005675**

1. Corporation Name
KRM RISK MANAGEMENT SERVICES, INC.

Principal Place of Business	Mailing Address
1851 E. FIRST ST., STE. 1040 SANTA ANA CA 92705	1851 E. FIRST ST., STE. 1040 SANTA ANA CA 92705

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 10/28/1997

2. Principal Place of Business	2a. Mailing Address
21 515 N. Cabrillo Park Dr.	26 515 N. Cabrillo Park Dr.
Suite, Apt. #, etc. 22 Suite 306	Suite, Apt. #, etc. 27 Suite 306
City & State 23 Santa Ana, CA	City & State 28 Santa Ana, CA
Zip / Country 24 92701 25 Orange	Zip / Country 29 92701 30 Orange

4. FEI Number: 77-0348362 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

F & L CORP.
THE GREENLEAF BLDG.
200 LAURA ST.
JACKSONVILLE FL 32202-3510

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE N/A
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	C	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	VANBEURDEN, WILLIAM J		1.2 NAME		
STREET ADDRESS	39906 KINGS RIVER DR.		1.3 STREET ADDRESS		
CITY-ST-ZIP	KINGSBURG CA 93631		1.4 CITY-ST-ZIP		
TITLE	DP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MCINTOSH, ROBERT M		2.2 NAME		
STREET ADDRESS	1301 BRITTANY CROSS RD.		2.3 STREET ADDRESS		
CITY-ST-ZIP	SANTA ANA CA 92705		2.4 CITY-ST-ZIP		
TITLE	DS	☐ DELETE	3.1 TITLE	D, S, & Chief Operating Officer	☒ Change ☐ Addition
NAME	WIGH, STEVEN C		3.2 NAME	Wigh, Steven C.	
STREET ADDRESS	39960 KINGS RIVER DR.		3.3 STREET ADDRESS	39960 Kings River Dr.	
CITY-ST-ZIP	KINGSBURG CA 93631		3.4 CITY-ST-ZIP	Kingsburg, CA 93631	
TITLE		☐ DELETE	4.1 TITLE	Chief Financial Officer	☐ Change ☒ Addition
NAME			4.2 NAME	Chou, John C.	
STREET ADDRESS			4.3 STREET ADDRESS	314 West Audubon	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	Fresno, CA 93711	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Steven C. Wigh 1/11/99 (559) 277-4800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)