## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION **ANNUAL REPORT** 

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # F97000006441

1. Corporation Name

RISK MANAGEMENT ALTERNATIVES, INC.

Principal Place of Business					
1500	COMMERCE (	DR .			

Mailing Address

## **FILED** Feb 26, 1999 8:00 am Secretary of State

02-26-1999 90024 037 \*\*\*150.00



Tritopart 1000 or Eduli 1000			]	
1500 COMMERCE DR MENDOTA HEIGHTS MN 55120-1025	1500 COMMERCE DR MENDOTA HEIGHTS MN 55120-1025		DO NOT WRITE IN THE	S SPACE
			Date Incorporated or Qualifed     12/08/1997	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
no change	4450 River Green Pkwy		<b>13-3613726</b> 41-1880612	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required
City & State	7 Suite 200 City & State		6. Election Campaign Financing \$5.00 May Be	
23	Duluth, GA 30096		Trust Fund Contribution	Added to Fees
Zip Country		intry roll	This corporation owes the current year In Personal Property Tax.	atangible Yes No
9. Name and Address of Current		10. Name and Address of New Registered Agent		
		81 Name		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD		82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
PLANTATION FL 33324		83		
		84 City	FI	85 Zip Code
<ol> <li>Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligation</li> </ol>	Florida. Such change was authorize	d by the corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the appoint	of changing its registered pintment as registered
SIGNATURE			5425	

	Signature, typed or printed name of registered agent and trie if applicable (NOTE: Ref	jistered Agent signature i	
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	xCRI President/Sec'y/CEO/Treas DELETE	1.1 TITLE	Chief Operating Officer Change XX Addition
NAME	CUNNINGHAM, DENNIS M	12 NAME	Bauer, Timothy J.
STREET ADDRES	×590 *B PEASHTREE DUNWOODY RD; PSTEX500 ×	1.3 STREET ADDRESS	4450 River Green Pkwy, Suite 200 Duluth, GA 30096
CITY-ST-ZIP	ATLANTAXSA:36328×××	1.4 CITY-ST-ZIP	Duluth, GA 30096
TITLE	D DELETE	2.1 TITLE	John H. Heathcock ☐ Change xx Addition
NAME	CARFIELD, PHILIP A	2.2 NAME	Exec. VP/Chief Financial Officer
STREET ADDRESS	6100 SEARS TOWER	2.3 STREET ADDRESS	4450 River Green Pkwy, Suite 200
CITY-ST-ZIP	CHICAGO IL 60606	2. 4 CITY-ST-ZIP	Duluth, GA 30096
TITLE	D DELETE	3.1 TITLE	Tracy A. Weidemann Change Addition
NAME	RAUNER, BRUCE V	3.2 NAME	Assistant Secretary
STREET ADDRESS	6100 SEARS TOWER	3.3 STREET ADDRESS	4450 River Green Pkwy, Suite 200
CITY-ST-ZIP	CHICAGO IL 60606	3.4. CITY-ST-ZIP	Duluth, GA 30096
TITLE	☐ DELETE	4.1 TITLE	President/CEO/Treas./Sec'y
NAME	-	4. 2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	Cunningham, Dennis M. 4450 River Green Pkwy, Suite 200
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Duluth, GA 30096
TITLE	☐ DELETE	51 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.

