## 2004 FOR PROFIT CORPORATION

## Apr 21, 2004 8:00 am Secretary of State **ANNUAL REPORT** 04-21-2004 90039 028 \*\*\*150.00 **DOCUMENT # F97000006441** RISK MANAGEMENT ALTERNATIVES, INC. PYCOCAFA Principal Place of Business Mailing Address 2675 BRECKENRIDGE BLVD 2675 BRECKENRIDGE BLVD **DULUTH, GA 30096** DULUTH, GA 30096 2. Principal Place of Business 3. Mailing Address Suite. Apt. #, etc. Suite, Apt. #, etc. 04062004 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 41-1880612 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired \_\_ 🗆 --- Fee Required ---6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 City 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. 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 reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE PCEO ☐ Delete TITLE ☐ Addition Change **CUNNINGHAM, DENNIS** NAME NAME 2675 BRECKENRIDGE BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DULUTH, GA 30096 CITY-ST-ZIP ☐ Delete TITLE Change ■ Addition CANFIELD, PHILIP A NAME NAME 2220 SOUTH BUSSE ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MT PROSPECT, IL 600565543 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition RAUNER, BRUCE V NAME NAME STREET ADDRESS 2220 SOUTH BUSSE ROAD STREET ADDRESS CITY-ST-ZIP MT PROSPECT, IL 600565543 CITY-ST-ZIP TITLE TITLE Delete ☐ Change ☐ Addition NAME BAUER, TIMOTHY J NAME STREET ADDRESS 2675 BRECKENRIDGE BLVD STREET ADDRESS CITY-ST-ZIP DULUTH, GA 30096 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition HEUSEL, ALICE G NAME STREET ADDRESS 2675 BRECKENRIDGE BLVD STREET ADDRESS DULUTH, GA 30096 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition CONNOLLY, JOSEPH NAME NAME 2675 BRECKENRIDGE BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **DULUTH, GA 30096** CITY-ST-ZIP 12. 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, 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, 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, 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 trustee empowers and that my name appears in Block 10 or Block 11 if

Alice Gwyn Heusel

SIGNATURE: