

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000000381

**FILED**  
**Jun 16, 2010**  
**Secretary of State**

**Entity Name:** RISK METRICS CORPORATION

**Current Principal Place of Business:**

6971 N FEDERAL HWY  
SUITE 404 - 406  
BOCA RATON, FL 33487 US

**New Principal Place of Business:**

**Current Mailing Address:**

6971 N FEDERAL HWY  
SUITE 404 - 406  
BOCA RATON, FL 33487 US

**New Mailing Address:**

6971 N FEDERAL HWY  
SUITE 405  
BOCA RATON, FL 33487 US

**FEI Number:** 65-0799536

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MCCARTHY, JOHN L  
6971 N FEDERAL HWY  
SUITE 404-406  
BOCA RATON, FL 33487 US

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** PCD  
**Name:** MCCARTHY, JOHN  
**Address:** 6971 N FEDERAL HWY  
**City-St-Zip:** BOCA RATON, FL 33487

**Title:** SD  
**Name:** MCCARTHY, KATHLEEN  
**Address:** 1114 VISTA DEL MAR DR  
**City-St-Zip:** DELRAY BEACH, FL 33483

**Title:** D  
**Name:** MCCARTHY, KEVIN  
**Address:** 6971 N FEDERAL HWY SUITE 405  
**City-St-Zip:** BOCA RATON, FL 33487

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** JOHN L MCCARTHY

PCD

06/16/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date