

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000002196

1. Entity Name

ALLIANZ RISK CONSULTANTS, INC.

FILED
Sep 18, 2000 8:00 am
Secretary of State

09-18-2000 90034 006 ***550.00

Principal Place of Business

3400 RIVERSIDE DRIVE, SUITE 300
BURBANK CA 91505-4669

Mailing Address

3400 RIVERSIDE DRIVE, SUITE 300
BURBANK CA 91505-4669

2. Principal Place of Business

3400 RIVERSIDE DR. #300
Suite, Apt. #, etc.

3. Mailing Address

SAME
Suite, Apt. #, etc.

City & State

BURBANK, CA

City & State

Zip

Country

91505-4669

4. FEI Number

95-4519757

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

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\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE: Chairman
NAME: SCHLINK, WOLFGANG
STREET ADDRESS: 3400 RIVERSIDE DRIVE, SUITE 300
CITY-ST-ZIP: BURBANK CA 91505-4669

TITLE: STVD
NAME: KADUK, PAUL D
STREET ADDRESS: 3400 RIVERSIDE DRIVE, SUITE 300
CITY-ST-ZIP: BURBANK CA 91505-4669

TITLE: PD
NAME: POLANSKI, BENJAMIN
STREET ADDRESS: 103 CARNEGIE CENTER
CITY-ST-ZIP: PRINCETON NJ 08540

TITLE: D
NAME: CARE, TREVOR E
STREET ADDRESS: 3400 RIVERSIDE DRIVE, SUITE 300
CITY-ST-ZIP: BURBANK CA 91505-4669

TITLE: [Blank]
NAME: [Blank]
STREET ADDRESS: [Blank]
CITY-ST-ZIP: [Blank]

TITLE: [Blank]
NAME: [Blank]
STREET ADDRESS: [Blank]
CITY-ST-ZIP: [Blank]

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: [Blank]
NAME: [Blank]
STREET ADDRESS: [Blank]
CITY-ST-ZIP: [Blank]

TITLE: [Blank]
NAME: [Blank]
STREET ADDRESS: [Blank]
CITY-ST-ZIP: [Blank]

TITLE: [Blank]
NAME: [Blank]
STREET ADDRESS: [Blank]
CITY-ST-ZIP: [Blank]

TITLE: [Blank]
NAME: [Blank]
STREET ADDRESS: [Blank]
CITY-ST-ZIP: [Blank]

TITLE: VP
NAME: ROBERT HALL
STREET ADDRESS: 3400 RIVERSIDE DR. #300
CITY-ST-ZIP: BURBANK, CA 91505-4669

TITLE: DIRECTOR
NAME: ERIK HARTKOREN
STREET ADDRESS: Schadeverzekeringsmaatschappij
CITY-ST-ZIP: Beurs World Trade Center

13. 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; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/12/00 818-772-8300 3001 Rotterdam,
Netherlands

CR2E034 (5/00)