

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90417 004 ***150.00

DOCUMENT # F99000002502

1. Entity Name
ATLANTIC RISK SERVICES, INC.



Principal Place of Business
**140 BROADWAY
NEW YORK, NY 10005**

Mailing Address
**3 GIRALDA FARMS
NEW YORK, NY 10005**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04222004

Chg-P

CR2E034 (10/03)

4. FEI Number
22-3508579

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

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. 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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

| | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD SMITH, KERMIT C 27 ACADEMY ROAD MADISON, NJ 07940 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | V HAHON, NANCY E 42 EVERGREEN AVE BLOOMFIELD, NJ 07003 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | T TURNER, JANINE B 3 GIRALDA FARMS MADISON, NJ 07940 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | V JOSEPH, MARINA 61-B FOREST DR SPRINGFIELD, NJ 07081 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | V GOLDING, CORNELIUS E 8 WELLS LANE SHORT HILLS, NJ | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | CEO DORFI, KLAUS G 67-4 BALLANTINE ROAD BERNARDSVILLE, NJ 07924 | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | V Hertling, Richard 3 Giralda Farms Madison, NJ 07940 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Ronan Chimirec

4/22/04 (973) 408-6000