

2005 FOR PROFIT CORPORATION ANNUAL REPORT


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Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90152 017 ***150.00

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04182005 Chg-P CR2E034 (10/03)

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.		7 Giralda Farms			
City & State		City & State Madison, NJ			
Zip	Country	Zip	Country	4. FEI Number 22-3508579	
		07940		Applied For Not Applicable	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HAHON, NANCY E		NAME		
STREET ADDRESS	42 EVERGREEN AVE		STREET ADDRESS		
CITY - ST - ZIP	BLOOMFIELD, NJ 07003		CITY - ST - ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TURNER, JANINE B		NAME		
STREET ADDRESS	3 GIRALDA FARMS		STREET ADDRESS		
CITY - ST - ZIP	MADISON, NJ 07940		CITY - ST - ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JOSEPH, MARINA		NAME		
STREET ADDRESS	61-B FOREST DR		STREET ADDRESS		
CITY - ST - ZIP	SPRINGFIELD, NJ 07081		CITY - ST - ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HERTLING, RICHARD		NAME		
STREET ADDRESS	3 GIRALDA FARMS		STREET ADDRESS		
CITY - ST - ZIP	MADISON, NJ 07940		CITY - ST - ZIP		
TITLE	CEO	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DORFI, KLAUS G		NAME		
STREET ADDRESS	67-4 BALLANTINE ROAD		STREET ADDRESS		
CITY - ST - ZIP	BERNARDSVILLE, NJ 07924		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			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; 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: Marina Joseph VP			4/18/05 (973) 108-6000		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		