

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90991 038 ***150.00

DOCUMENT # F99000002502

1. Entity Name
ATLANTIC RISK SERVICES, INC.



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

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

90118911

2. Principal Place of Business

3. Mailing Address

3 Giralda Farms



☐ CHECK HERE IF MAKING CHANGES

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

22-3508579

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2626**

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. 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, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME **SMITH, KERMIT C**
STREET ADDRESS **27 ACADEMY ROAD**
CITY-ST-ZIP **MADISON, NJ 07940**

TITLE V ☐ Delete
NAME **HAHON, NANCY E**
STREET ADDRESS **42 EVERGREEN AVE**
CITY-ST-ZIP **BLOOMFIELD, NJ 07003**

TITLE T ☒ Delete
NAME **BANKS, MICHAEL O**
STREET ADDRESS **863 RIVER ROAD**
CITY-ST-ZIP **CHATHAM, NJ 07928**

TITLE V ☐ Delete
NAME **JOSEPH, MARINA**
STREET ADDRESS **61-B FOREST DR**
CITY-ST-ZIP **SPRINGFIELD, NJ 07081**

TITLE V ☐ Delete
NAME **GOLDING, CORNELIUS E**
STREET ADDRESS **8 WELLS LANE**
CITY-ST-ZIP **SHORT HILLS, NJ**

TITLE CEO ☐ Delete
NAME **DORFI, KLAUS G**
STREET ADDRESS **67-4 BALLANTINE ROAD**
CITY-ST-ZIP **BERNARDSVILLE, NJ 07924**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Change ☒ Addition
NAME **Turner, Janine B**
STREET ADDRESS **3 Giralda Farms**
CITY-ST-ZIP **Madison, NJ 07940**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Roman Chimnic

1/6/03

(973) 408-6000

Date

Daytime Phone #

CR2E034 (10/02)