| | 2002 UNIFORM BUSI | May 10 | FILED May 10, 2002 8:00 am Secretary of State | | | |
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| | | ATION SERVICES, | INC | 05-10-200 | 02 90011 009 ***150.00 | |
| | incinal Place of Business | Mailing Address | ····· | | | |
| 2. Principal Place of Subjects 2. Principal Place 2. Principal Place 2. Principal Place of Subjects 2. Principal Place 2. P | 9 CAMPUS DRIVE P.O. BOX 316 | | | | | |
| 9. DUM, Act. # Your Difference State Do Not Writte IN THIS SPACE 9. UNA, Act. # Your Difference State Carly & State 0. If Z. J. DECEVEN G'LL NOCC, 'MERLEGAL Carly & State 20 Country Zip 20 Country Zip 20 Country 2 20 Country 2 20 Country 3 20 Country 2 20 Country 3 20 Country 2 20 Country 3 20 Country 7 20 Country 7 <td< td=""><td></td><td>PARSIPPANY NJ 07054</td><td></td><td>L JA KATAN KAN JAWA KATA MANA</td><td>DAJIL DAJIL ARIK DAKED INAK KANA KINA KINA KINA</td></td<> | | PARSIPPANY NJ 07054 | | L JA KATAN KAN JAWA KATA MANA | DAJIL DAJIL ARIK DAKED INAK KANA KINA KINA KINA | |
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| City & State 4. FEI Number Poplies For Zip Country Zip Country S. Centificate of Status Desired SE 75 Additional For Required Zip Country Zip Country S. Centificate of Status Desired SE 75 Additional For Required S. Name and Address of Current Registered Agent T. Name and Address of New Registered Agent Name NRAI SERVICES, INC. Site of Address of New Registered Agent Name NRAI SERVICES, INC. Site of Address of New Registered Agent Site of Address of New Registered Agent City FL Zip Code Site of Address of New Registered Agent Tro above named onity submits the statement for the purpose of changing its registered agent, or bath, in the State of Flootita. Site of Address (PLO. Box Number in Not Acceptable) City FLE NOW!!! FEE IS 3150.00 Tax King requirement and elects to do so. Name Key 1, 2002 Fee will be 8550.00 After May 1, 2002 Fee Will b | Suite, Apt. #, etc. ATENTION: Suite, Apt. #, etc. | | , | DO NOT W | DO NOT WRITE IN THIS SPACE | |
| Zip Country 5. Certificate of Status Desired \$9.17.5. Additional Fee Regulated Agent .6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent St. 25. Additional Fee Regulated NRAI SERVICES, INC. Steel Address of New Registered Agent Steel Address of New Registered Agent NAME Steel Address of New Registered Agent Steel Address of New Registered Agent TALLAHASSEE FL 32301 City FL Zip Code .7. The showen named antity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Out .7. This concertain to eligible to assity its Intragible Taking registered Agent Atter May 1, 2002 Fee will be \$550.00 Name Address TO OFFICERS AND DIRECTORS Addet to Fees .7. The Robert And Derive Court .7. State Address TO OFFICERS AND DIRECTORS .7. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change Addetor .7. State Address .7. State Address .7. State Address .7. Control .7. State Address Change Addetor .7. State Address A | | | <u> </u> | | M <u> </u> | |
| | Zip Country | Zip | Country | | \$8.75 Additional | |
| NRAI SERVICES, INC. Street Address (P.O. Box Numbor is Not Acceptable) S28 E. PARK AVENUE Image: Comparison of the second of the se | 6. Name and Address of Current Registered Agent | | | Fee Required | | |
| S28 E. PARK AVENUE Street Address (P.O. Box Number is Not Acceptable) TALAHASSEE FL 32301 City FL Zip Code The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. OMATURE Employed or primed name of registered agent end still of esponsory CITY FLE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Note Endown employed name endown employed for the fact lade. OATE City FLE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Note Endown employed name endown employed for the fact lade. OATE City City FLE NOW!!! FEE IS \$150.00 Note Endown employed for the fact lade. OATE City City FLE NOW!!! FEE IS \$150.00 Note Endown employ Financing \$5.00 May Be Addet to Fees City City FLE NOW!!! FEE IS \$150.00 Note Endown employ Financing \$5.00 May Be Addet to Fees City City FLE NOW!!! FEE IS \$150.00 Note Endown employed for the fact lade to Fees Stop OpticeRS AND DirecTORS IN 11 City City City City City City City City Fill Make City Dede Tity Additity fill fact fact fact fact fact f | NRAI SERVICES, INC. | | | (2.2.) | | |
| City FL Zip Code 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. State of Florida. IGNATURE Type during named and registered agent and the flapploable. (NOTE Poptimer Agent significe registered agent, or both, in the State of Florida. IThis corporation is eligible to satisfy its intrangible Tax tiling neglitoment and registered agent and decist to do so. After May 1, 2002 Fee will be \$550.00 10. Election Campaign Financing Added to Fees No OFFICERS AND DIRECTORS 112 Added to Fees Added to Fees No OFFICERS AND DIRECTORS 112 Added to Fees Added to Fees No OFFICERS AND DIRECTORS 112 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Ref Deft Deft State Check Payable to Department of State Parsippany, NJ 07054 VF3:AP MK KMAY F1 32746 Parsippany, NJ 07054 Change Madditor VF3:AP MK KMAY F1 32746 Change Changes Change Change Additor VF3:AP MK KMAY F1 32746 Change Changes Change Change Additor VF3:AP MK KE MARY F1 32746 Change Changes Change Change Additor VF | 526 E. PARK AVENUE | | Street Addres | Street Address (P.O. Box Number is Not Acceptable) | | |
| The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. IGNATURE Signifum, hold of printed area dregistered agent and tile's agaitable. (NOTE Registered Agent and tensiting) DATE State of Fiorida. IGNATURE Signifum, hold of printed area dregistered agent and tile's agaitable. (NOTE Registered Agent and tensiting) DATE In the corporation is eligible to satisfy its intangiblo Atter May 1, 2002 Fee will be \$550.00 Atter May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State Inter Fund Contribution. State of Comparison Added to Fees Added to Fees | | | City | | Zin Code | |
| GNATURE | The above named entity submits this statement for the | ne purpose of changing it | | stered agent, or both in the State of | FL | |
| Signature, fixed op prime name of regulated agent and all of applicated agent | | | J | | | |
| Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. \$5.00 May Be Added to Fees See orderia on back) OFFICERS AND DIRECTORS 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 The Electron Campaign Financing S5.00 May Be Added to Fees Addition MC OFFICERS AND DIRECTORS 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 MC MCNULTY, JOHN P Detete Jeff Aycock – CEO Change Addition MC MCNULTY, JOHN P Detete 9 Campus Drive, Suite 7 Parsippany, NJ 07054 Change Addition V-ST-2P LAKE MARY FL 32746 Parsippany, NJ 07054 Change Addition WE VS.2P VAKE MARY FL 32746 Parsippany, NJ 07054 Change Addition V-ST-2P VAKE MARY FL 32746 Detete The Endoress Change Addition V-ST-2P VAKE MARY FL 32746 Detete The Endoress Change Addition V-ST-2P VAKE MARY FL 32746 Detete The Endoress Change Addition V-ST-2P VAKE MARY FL 32746 Detete The Endoress C | | title if applicable. (NO | TE: Registered Agent signature requ | lited when reinstating) | DATE | |
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| Internation 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 this teport 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 this teport 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 or director. | | Delete | | · · · · · · · · · · · · · · · · · · · | Change Addition | |
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| 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 tradstee empowered to execute this report as required by Chapter 607. Florida Statutes, and that my pages appears in Block 11 or Block 12 if | ET ADDRESS | | STREET ADDRESS |) longe see the | ched list | |
| changed, or on an attachment with an address, with all other like empowered | | s filing does not qualify fo | | | . I further certify that the information | |
| | of the corporation of the receiver of Indistee embowe | red to execute this renam | ny signature shall have the as required by Chapter 6 | e same legal effect as if made under 07. Florida Statutes: and that my par- | ne annears in Riock 11 or Plock 12 F | |

Attachment DHF9900003121 B0093492

GAB ROBINS INSURANCE INVESTIGATION SERVICES, INC.

Officers and Directors As of December 14, 2001

DIRECTORS

Joseph M. Zubretsky 9 Campus Drive, Suite 7 Parsippany, Nj 07054

Jun Tsusaka 712 Fifth Avenue New York, NY 10019

OFFICERS

Jeff Aycock - Chief Executive Officer 9 Campus Drive, Suite 7 Parsippany, NJ 07054

John P. McNulty - President 610 Crescent Executive Court Suite 200 Lake Mary, FL 32746

Thomas M. Jackson -9 Campus Drive, Suite 7 Parsippany, NJ 07054

Corporate Secretary

Barry I. Belfer 9 Campus Drive, Suite 7 Parsippany, NJ 07054

Treasurer