2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005
Secretary of State

DOCUMENT# J06802

Entity Name: STI RISK MANAGEMENT CO.

Current Principal Place of Business:

ONE TYCO PARK
EXETER, NH 03833 US

New Principal Place of Business:

ONE TOWN CENTER ROAD
BOCA RATON, FL 33486 US

Current Mailing Address:

P O BOX 8749
PRINCETON, NJ 085438749

New Mailing Address:

FEI Number: 54-1387033 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: ROBINSON, DAVID E
Address: ONE TYCO PARK
City-St-Zip: EXETER, NH 03833

Title: S ( ) Delete
Name: KALOGEROU, BYRON
Address: ONE TYCO PARK
City-St-Zip: EXETER, NH 03833

Title: T ( ) Delete
Name: HUND-MEJEAN, MARTINA
Address: ONE TYCO PARK
City-St-Zip: EXETER, NH 03833

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: ROBINSON, DAVID E
Address: ONE TOWN CENTER ROAD
City-St-Zip: BOCA RATON, FL 33486

Title: S (X) Change ( ) Addition
Name: COURSON, GARDNER G
Address: ONE TOWN CENTER ROAD
City-St-Zip: BOCA RATON, FL 33486

Title: T (X) Change ( ) Addition
Name: HUND-MEJEAN, MARTINA
Address: ONE TOWN CENTER ROAD
City-St-Zip: BOCA RATON, FL 33486

Title: D ( ) Change (X) Addition
Name: CHIA, DOUGLAS K
Address: ONE TOWN CENTER ROAD
City-St-Zip: BOCA RATON, FL 33486

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID ROBINSON P 04/15/2005

Electronic Signature of Signing Officer or Director Date