

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

60 JUL 21 PM 12:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L95000000167

1. Entity Name

RISK ADVISORY SERVICES, L.C.

Principal Place of Business

5 IMPERIAL AVE
WESTPORT CT 06880

Mailing Address

5 IMPERIAL AVE
WESTPORT CT 06880



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

One Selleck St.

3. Mailing Address

One Selleck Street

Suite, Apt. #, etc.

Suite 200

Suite, Apt. #, etc.

Suite 200

City & State

Norwalk CT

City & State

Norwalk, CT

Zip

06855

Country

USA

Zip

CT 06855

Country

USA

4. FEI Number

06-1420355

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

C.T. CORPORATION SYSTEM
1200 S PINE ISLAND ROAD
PLANTATION FL 33324

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.

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 \$50.00
Make Check Payable to Department of State

600003335526--8
-07/25/00--01079--008
*****50.00 *****50.00

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME SCANLAN, PETER
STREET ADDRESS 6 JENNINGS COURT
CITY-ST-ZIP WESTPORT CT

TITLE MGR ☐ Delete
NAME PIKE, ROLAND
STREET ADDRESS 76 DOVE LANE
CITY-ST-ZIP MIDDLETOWN CT 06457

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 110 Eddy Glover Blvd.
CITY-ST-ZIP New Britain, CT 06053

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRE ROLAND PIKE 7/14/00 (203) 899-1900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E081 (5/00)