

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # M00000002470**

1. Entity Name

RISK MANAGEMENT ALTERNATIVES SOLUTIONS LLC

Principal Place of Business

**4450 RIVER GREEN PKWY., STE. 200
DULUTH GA 30096**

Mailing Address

**4450 RIVER GREEN PKWY., STE. 200
DULUTH GA 30096**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

52-2270347

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	PD	<input type="checkbox"/> Delete
NAME	CUNNINGHAM, DENNIS	
STREET ADDRESS	4450 RIVER GREEN PKWY, SUITE 200	
CITY-ST-ZIP	DULUTH GA 30096	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	ST	<input type="checkbox"/> Delete
NAME	CONNOLLY, JOSEPH	
STREET ADDRESS	4450 RIVER GREEN PKWY, SUITE 200	
CITY-ST-ZIP	DULUTH GA 30096	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VAS	<input type="checkbox"/> Delete
NAME	GWYN, ALICE	
STREET ADDRESS	4450 RIVER GREEN PKWY, SUITE 200	
CITY-ST-ZIP	DULUTH GA 30096	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEUSEL, ALICE G.	
STREET ADDRESS	(name change only)	
CITY-ST-ZIP		

TITLE	V	<input type="checkbox"/> Delete
NAME	BAUER, TIMOTHY J	
STREET ADDRESS	4450 RIVER GREEN PKWY, SUITE 200	
CITY-ST-ZIP	DULUTH GA 30096	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	V	<input type="checkbox"/> Delete
NAME	SAMS, JOHN	
STREET ADDRESS	4450 RIVER GREEN PKWY, SUITE 200	
CITY-ST-ZIP	DULUTH GA 30096	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	RAUNER, BRUCE V	
STREET ADDRESS	4450 RIVER GREEN PKWY, SUITE 200	
CITY-ST-ZIP	DULUTH GA 30096	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Alice Heusel***SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

4-30-02

Daytime Phone #

770-232-2500



DO NOT WRITE IN THIS SPACE

CR2E083 (9/01)