

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # M01000000731

1. Entity Name
HILB, ROGAL AND HAMILTON COMPANY OF
PITTSBURGH, L.L.C.



Principal Place of Business
600 GRANT STREET, USX TOWER, SUITE 5500
PITTSBURGH, PA 15219

Mailing Address
4951 LAKE BROOK DR., SUITE 500
GLEN ALLEN, VA 23060

FILED

2004 MAY -5 AM 8:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04282004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
25-1877484

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROGAL, ANDREW L 4951 LAKE BROOK DRIVE, SUITE 500 GLEN ALLEN, VA 23060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VAUGHN, III, MARTIN L 4951 LAKE BROOK DRIVE, SUITE 500 GLEN ALLEN, VA 23060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MCGRATH, JOHN P 600 GRANT ST, USX TOWER, SUITE 5500 PITTSBURGH, PA 15219
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TEACHOUT, J. SCOTT 600 GRANT ST, USX TOWER, SUITE 5500 PITTSBURGH, PA 15219
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LIEBERMAN, WILLIAM K 600 GRANT ST, USX TOWER, SUITE 5500 PITTSBURGH, PA 15219
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SMITH, WALTER L. 4951 LAKE BROOK DRIVE, SUITE 500 GLEN ALLEN, VA 23060

400035361704

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IN THIS SPACE**

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

4/28/04

Date

804 747-3125

Daytime Phone #



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 603957 5012152

AUTHORIZATION :

COST LIMIT : \$ 50.00

ORDER DATE : April 30, 2004

ORDER TIME : 11:51 AM

ORDER NO. : 603957-035

CUSTOMER NO: 5012152

CUSTOMER: Mr. Michael V. Pollard
Hilb, Rogal And Hamilton
4951 Lake Brook Drive, #500

Glen Allen, VA 23060

ANNUAL REPORT FILING

NAME: STAFFING RISK SOLUTIONS, LLC

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Troy Todd - Ext. 2940

EXAMINER'S INITIALS: _____

RECEIVED
04 MAY -3 PM 3:02
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA