2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000005300

Entity Name: RISK SOLUTIONS INTERNATIONAL LLC

1330 AVENUE OF THE AMERICAS

NEW YORK, NY 10019

Address: City-St-Zip: FILED Jun 30, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1330 AVENUE OF THE AMERICAS NEW YORK, NY 10019 **Current Mailing Address: New Mailing Address:** 1330 AVENUE OF THE AMERICAS 1330 AVENUE OF THE AMERICAS NEW YORK, NY 10019 36TH FLOOR NEW YORK, NY 10019 FEI Number: 20-1360505 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 US 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 MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: Title: () Change () Addition () Delete MALONEY, STEPHEN G Name: Name: 1330 AVENUE OF THE AMERICAS Address: Address: City-St-Zip: NEW YORK, NY 10019 City-St-Zip: Title: MGR () Delete Title: () Change () Addition BERMAN, ALAN Name: Name: Address: 1330 AVENUE OF THE AMERICAS Address: City-St-Zip: NEW YORK, NY 10019 City-St-Zip: Title: MGR () Delete Title: () Change () Addition LOHN, DUANE Name: Name: 1330 AVENUE OF THE AMERICAS Address: Address: City-St-Zip: NEW YORK, NY 10019 City-St-Zip: Title: MGR () Delete Title: () Change () Addition Name: DALE, THOMAS D Name: 1330 AVENUE OF THE AMERICAS Address: Address: City-St-Zip: NEW YORK, NY 10019 City-St-Zip: Title: MGR () Delete Title: () Change () Addition HIGBEE, PAUL M Name: Name:

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 is true and accurate and that my electronic 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.

Address:

City-St-Zip:

SIGNATURE: STEPHEN G. MALONEY CEO 06/30/2005