## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# P01000079551

Entity Name: ROCKEFELLER RISK ADVISORS OF FLORIDA, INC.

FILED May 01, 2002 8:00 AM Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 30 ROCKEFELLER PLAZA, ROOM 5600 NEW YORK, NY 10112 **Current Mailing Address: New Mailing Address:** 30 ROCKEFELLER PLAZA, ROOM 5600 NEW YORK, NY 10112 FEI Number: 59-3738395 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DUDLEY, FRED R ESQ AKERMAN, SENTERFITT, P.A. 301 S. BRÓNOUGH ST., ÚNIT #200 TALLAHASSEE, FL 32301 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 This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X). Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: ( ) Change (X) Addition CAPOBIANCO, MARIO A VP Name: Name: ONE ROCKEFELLER PLAZA, SUITE 1502 Address: Address: City-St-Zip: City-St-Zip: NEW YORK, NY 10020 Title: ( ) Change (X) Addition Title: () Delete DOLGAN, HARRIET VP Name: Name: ONE ROCKEFELLER PLAZA, SUITE 1502 Address Address: NEW YORK, NY 10020 City-St-Zip: City-St-Zip: ( ) Change (X) Addition Title: () Delete Title: MR PETRIZZI, JEROME M SVP Name: Name: ONE ROCKEFELLER PLAZA, SUITE 1502 Address Address: City-St-Zip: City-St-Zip: NEW YORK, NY 10020 Title: () Delete Title: ( ) Change (X) Addition COHEN, JOEL I CHAIR Name: Name: Address: Address: 30 ROCKEFELLER PLAZA, ROOM 5600 City-St-Zip: City-St-Zip: NEW YORK, NY 10112 Title: Title: ( ) Change (X) Addition ( ) Delete PINCUS, STEVEN I PRESIDE Name: Name: Address: ONE ROCKEFELLER PLAZA. SUITE 1502 Address: City-St-Zip: City-St-Zip: NEW YORK, NY 10020 Title: () Delete Title: ( ) Change (X) Addition FOLEY, KEVIN K SVP Name: Name: ONE ROCKEFELLER PLAZA, SUITE 1502 Address: Address: City-St-Zip: City-St-Zip: NEW YORK, NY 10020

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: RENEE TREWICK AVP 05/01/2002

PAULA J. MUELLER

STANLEY F. COWAN. TREASURER 30 ROCKEFELLER PLAZA, SUITE 5600 NEW YORK, NY 10112

RENEE A. TREWICK, AVP ONE ROCKEFELLER PLAZA, SUITE 1502 NEW YORK, NY 10020