


**FILED**  
**May 17, 1999 8:00 am**  
**Secretary of State**

05-17-1999 90033 030 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # P07087** *Vok*  
 1. Corporation Name  
**RISK INNOVATIONS SERVICE & CONSULTING, INC.**



Principal Place of Business 9300 ARROWPOINT BLVD., M.S. 2116 CHARLOTTE NC 28273-8136	Mailing Address PO BOX 1000 CHARLOTTE NC 28201-1000 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>08/13/1995</b>	
21		26		4. FEI Number <b>13-3242627</b>	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
City & State		City & State		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24	25	29	30		

9. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>				10. Name and Address of New Registered Agent	
				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				FL	85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	COO <input checked="" type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LIERSAPH, RICHARD W.	1.2 NAME	Joseph F. Fisher
STREET ADDRESS	9300 ARROWPOINT BLVD.	1.3 STREET ADDRESS	9300 Arrowpoint Boulevard
CITY-ST-ZIP	CHARLOTTE NC	1.4 CITY-ST-ZIP	Charlotte, NC 28273
TITLE	P <input checked="" type="checkbox"/> DELETE	2.1 TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCDONALD, JAMES DAVID	2.2 NAME	Larry G. Simmons
STREET ADDRESS	9300 ARROWPOINT BLVD.	2.3 STREET ADDRESS	9300 Arrowpoint Boulevard
CITY-ST-ZIP	CHARLOTTE NC	2.4 CITY-ST-ZIP	Charlotte, NC 28273
TITLE	ST <input type="checkbox"/> DELETE	3.1 TITLE	DST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHEELER, JOYCE W	3.2 NAME	Joyce W. Wheeler
STREET ADDRESS	9300 ARROWPOINT BLVD.	3.3 STREET ADDRESS	9300 Arrowpoint Boulevard
CITY-ST-ZIP	CHARLOTTE NC	3.4 CITY-ST-ZIP	Charlotte, NC 28273
TITLE	V <input checked="" type="checkbox"/> DELETE	4.1 TITLE	Srv <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARTIN, DAVID H	4.2 NAME	James D. McDonald
STREET ADDRESS	9300 ARROWPOINT BLVD.	4.3 STREET ADDRESS	9300 Arrowpoint Boulevard
CITY-ST-ZIP	CHARLOTTE NC	4.4 CITY-ST-ZIP	Charlotte, NC 28273
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MENDELSON, ROBERT V	5.2 NAME	Gerald B. Bushey
STREET ADDRESS	9300 ARROWPOINT BLVD.	5.3 STREET ADDRESS	9300 Arrowpoint Boulevard
CITY-ST-ZIP	CHARLOTTE NC	5.4 CITY-ST-ZIP	Charlotte, NC 28273
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Joyce W. Wheeler* **RECEIVED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Joyce W. Wheeler, Secretary and Treasurer 1/20/99 704/522-2000**  
 Daytime Phone #

CR2E034 (4/1/98)