2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Feb 14, 2000 8:00 am Secretary of State **DOCUMENT # P07087** RISK INNOVATIONS SERVICE & CONSULTING, INC. 02-14-2000 90002 047 ***150.00 Principal Place of Business Mailing Address PO BOX 1000 --- ARROWPOINT BLVD., M.S. 2116 MC 28273-8136 CHARLOTTE NC 28201-1000 B0018704 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Applied For City & State City & State 4. FEI Number 13-3242627 Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7: Name and Address of New Registered Agent-6. Name and Address of Current Registered Agent-Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code City 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. Chyddilenc bail DUTH HERBARDARE THE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back)* * Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Change TITLE Delete

Addition FISHER, JOSEPH F NAME STREET ADDRESS STREET ADDRESS 9300 ARROWPOINT BLVD. CITY-ST-ZIP CITY-ST-ZIP **CHARLOTTE NC 28273** ☐ Change ☐ Addition XX Delete TITLE TITLE NAME SIMMONS, JOYCE W NAME STREET ADDRESS STREET ADDRESS 9300 ARROWPOINT BLVD. CITY-ST-ZIP CITY-ST-ZIP CHARLOTTE NC 28273 ☐ Change Addition Delete ται έ TITLE NAME NAME WHEELER, JOYCE W STREET ADDRESS STREET ADDRESS 9300 ARROWPOINT BLVD. CITY-ST-ZIP CITY-ST-ZIP CHARLOTTE NC ☐ Addition TITLE SRV ☐ Delete TITLE **xx**Change SVP NAME McDonald, James D. MCDONAL, JAMES D 9300 Arrowpoint Boulevard STREET ADDRESS STREET ADDRESS 9300 ARROWPOINT BLVD. Charlotte, NC 28273 CITY-ST-ZIP CITY-ST-ZIP CHARLOTTE NC 28273 ☐ Addition Change TITLE XX Delete TITLE NAME MENDELSOHN, ROBERT V STREET ADDRESS STREET ADDRESS 9300 ARROWPOINT BLVD. CITY-ST-ZIP CHARLOTTE NC TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME BUSHEY, GERALD B NAME

CR2E034 (9/99)

13. 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 or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE: | 1/31/2000 | 704/522-2000 | SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Date | Daylime Phone #

STREET ADDRESS

CITY-ST-ZIP

9300 ARROWPOINT BLVD

CHARLOTTE NC 28273