2001 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 13, 2001 8:00 am DOCUMENT # P15153 **Secretary of State** RISK MANAGEMENT CLAIM SERVICES, INC. 02-13-2001 90576 036 ***150.00 Principal Place of Business Mailing Address C/O CORPORATE TAX DEPT 1850 LANTAFF BLVD P.O. BOX 19135 P.O. BOX MADISONVILLE KY 42431 JACKSONVILLE FL 32245 2. Principal Place of Business 3. Mailing Address 13410 SUTTON PARK DRIVE SOUTH Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 52-1529084 JACKSONVILLE, FLNot Applicable Country Zip Country Žip \$8.75 Additional 5. Certificate of Status Desired -Fee Required 32224 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 City Zip Code 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. SIGNATURE 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 Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Change ☐ Addition TITLE ☐ Delete TITLE LAROSE, ROBERT C. NAME NAME 13410 SUTTON PARK DR S STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32224 CITY-ST-ZIP V/D/ATVDAT X1 Change ☐ Defete TITLE GERKENSE, HENRY H GERKENS, HENRY H. NAME NAME 13410 SUTTON PARK DRIVE SOUTH 13410 SUTTON PARK DR S STREET ADDRESS STREET ADDRESS JACKSONVILLE.FL.32224.... CITY-ST-ZIP. CITY-ST_ZIP JAGKSONVILLE, FL- 32224 ☐ Change TITLE ☐ Addition TITLE Delete CROWE, JEFFREY C. NAME NAME 13410 SUTTON PARK DR S STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32224 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE V/T/AS (Change Addition OWEN, DENNIS P. NAME NAME OWENS, DENNIS P. 1850 LANTAFF BLVD. STREET ADDRESS STREET ADDRESS 13410 SUTTON PARK DRIVE SOUTH CITY-ST-ZIP MADISONVILLE KY 42431 CITY-ST-ZIP JACKSONVILLE, FL 32224 TITI F TITLE ☐ Change ☐ Addition ☐ Delete HARVEY, MICHAEL L NAME NAME STREET ADDRESS 13410 SUTTON PARK DR S STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32-2224 CITY-ST-ZIP TITI F ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 aport 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 of the section of the corporation or the receiver of the section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental approximation of the corporation of the receiver of the section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental approximation of the corporation of the receiver of the section 119.07(3)(i) and indicated on this report or supplemental approximation of the section 119.07(3)(i) and indicated on this report or supplemental approximation indicated on this report or supplemental approximation of the section 119.07(3)(ii) and indicated on this report or supplemental approximation of the section 119.07(3)(ii) and indicated on this report or supplemental approximation indicated on this report or supplemental approximation indicated on the section 119.07(3)(ii) and indicated on the section 119.07(3)(ii) and indicated on the section 119.07(3)(iii) and indicated on the section 119.07(3)(iiii) and indicated on the section 119.07(3)(iiii) and indicated on the section 119.07(3) changed, or on an attachmen

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT C. LAROSE

(904) 398-9400