
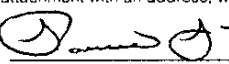


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008 8:00 am
Secretary of State

04-29-2008 90083 004 ***150.00

DOCUMENT # P15153 1. Entry Name RISK MANAGEMENT CLAIM SERVICES, INC.					
Principal Place of Business 13410 SUTTON PARK DRIVE SOUTH JACKSONVILLE, FL 32224 US			Mailing Address C/O CORPORATE TAX DEPT P.O. BOX 19135 JACKSONVILLE, FL 32245 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 52-1529084	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTAS GATTONI, JAMES B 13410 SUTTON PARK DR S JACKSONVILLE, FL 32224 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/V/T/AS Gattoni, James B. 13410 Sutton Park Dr S; Jax, FL 32224 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GERKENS, HENRY H 13410 SUTTON PARK DR S JACKSONVILLE, FL 32224 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS KNELLER, MICHAEL 13410 SUTTON PARK DR SOUTH JACKSONVILLE, FL 32224 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/GC/S Kneller, Michael K. 13410 Sutton Park Dr S; Jax, FL 32224 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BURNS, BILL 13410 SUTTON PARK DR S JACKSONVILLE, FL 32224 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MURPHY, PATRICK 13410 SUTTON PARK DR S JACKSONVILLE, FL 32224 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered					
SIGNATURE: 			Patrick J. Murphy		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 4-22-08 Daytime Phone # (904)398-9400		

ATTACHMENT

40088623

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Risk Management Claim Services, Inc.

EIN # 52-1529084

Directors	Effective Date
Henry H. Gerkens (Chairman) Address: 13410 Sutton Park Drive, South Jacksonville, FL 32224	01/01/92
James B. Gattoni Address: 13410 Sutton Park Drive, South Jacksonville, FL 32224	04/23/07
Patrick J. Murphy Address: 13410 Sutton Park Drive, South Jacksonville, FL 32224	04/25/07

ATTACHMENT 40088623

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Risk Management Claim Services, Inc.
EIN # 52-1529084

Officers		Effective Date
Henry H. Gerkens	President	03/01/02
Address: 13410 Sutton Park Drive, South Jacksonville, FL 32224		
James B. Gattoni	Vice President, Treasurer, and Assistant Secretary	04/23/07
Address: 13410 Sutton Park Drive, South Jacksonville, FL 32224		
Michael K. Kneller	Vice President, General Counsel and Secretary	06/01/05
Address: 13410 Sutton Park Drive, South Jacksonville, FL 32224		
L. Kevin Stout	Vice President and Assistant Treasurer	04/23/07
Address: 13410 Sutton Park Drive, South Jacksonville, FL 32224		
William C. Burns	Vice President - Automobile Liability Claims	03/01/02
Address: 13410 Sutton Park Drive, South Jacksonville, FL 32224		
Patrick J. Murphy	Vice President	12/04/06
Address: 13410 Sutton Park Drive, South Jacksonville, FL 32224		