

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P24896

1. Entity Name

PROFESSIONAL RISK MANAGEMENT SERVICES, INC.

FILED
Jan 21, 2000 8:00 am
Secretary of State

01-21-2000 90090 042 ***150.00

Principal Place of Business

Mailing Address

1515 WILSON BLVD., SUITE 800
ARLINGTON VA 22209
US

1515 WILSON BLVD., SUITE 800
ARLINGTON VA 22209-2402
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **52-1480753**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete

NAME TRACY, MARTIN
STREET ADDRESS 8800 WOODLAND MEADOWS CT
CITY-ST-ZIP ANNANDALE VA 22003

TITLE VSTD ☒ Delete

NAME DETORIE, JOE
STREET ADDRESS 1000 WILSON BLVD, STE 2500
CITY-ST-ZIP ARLINGTON VA 22209

TITLE C ☐ Delete

NAME LEVENSON, ALAN I
STREET ADDRESS 75 NNORTH CALLE RESPLENDOR
CITY-ST-ZIP TUCSON AZ 85716

TITLE D ☐ Delete

NAME FEELEY, FRANK G
STREET ADDRESS 18 TREMONT ST, STE 700
CITY-ST-ZIP BOSTON MA 02108

TITLE D ☐ Delete

NAME HOLBROOK, WILLIAM G
STREET ADDRESS 7560 CONCESSION ROAD #3
CITY-ST-ZIP OXBIDGE, ON CANADA L9R- 1R1

TITLE AV ☐ Delete

NAME MELONAS, JACQUELINE M
STREET ADDRESS 12325 PLEASANT VIEW DRIVE
CITY-ST-ZIP FULTON MD 20759

TITLE Senior Vice President ☐ Change ☒ Addition

NAME Melanie Smith
STREET ADDRESS 1906 Kirby Road
CITY-ST-ZIP McLean, VA 22101

TITLE Vice President ☐ Change ☒ Addition

NAME Jacqueline M. Palumbo
STREET ADDRESS 1001 Wilson Blvd., #904
CITY-ST-ZIP Arlington, VA 22209

TITLE Vice President ☐ Change ☒ Addition

NAME Kathleen Lamb-Tso
STREET ADDRESS 10301 College Square
CITY-ST-ZIP Columbia, MD 21044

TITLE Assistant Vice President ☐ Change ☒ Addition

NAME Jean Bates
STREET ADDRESS 43364 Wintersrun Court
CITY-ST-ZIP Ashburn, VA 20147

TITLE Assistant Vice President ☐ Change ☒ Addition

NAME Khosrow Ahmadi
STREET ADDRESS 9665 Lindenbrook Street
CITY-ST-ZIP Fairfax, VA 22031

TITLE VSTD ☒ Change ☐ Addition

NAME Joseph Detorie
STREET ADDRESS 1515 Wilson Blvd., Ste. 800
CITY-ST-ZIP Arlington, VA 22209

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.

SIGNATURE:

M. Tracy REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Martin Tracy 1/13/00 (703) 907-3800

Date

Daytime Phone #

C0008859



DO NOT WRITE IN THIS SPACE