

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2001 8:00 am**  
**Secretary of State**

04-11-2001 90088 017 \*\*\*158.75

**DOCUMENT # P24896**

1. Entity Name

**PROFESSIONAL RISK MANAGEMENT SERVICES, INC.**

Principal Place of Business

1515 WILSON BLVD., SUITE 800  
 ARLINGTON VA 22209  
 US

Mailing Address

1515 WILSON BLVD., SUITE 800  
 ARLINGTON VA 22209  
 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

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

**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND RD.**  
**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.

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, 2001 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TRACY, MARTIN 8800 WOODLAND MEADOWS CT ANNANDALE VA 22003	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD DETORIE, JOE 1000 WILSON BLVD, STE 2500 ARLINGTON VA 22209	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C LEVENSON, ALAN I 75 NNORTH CALLE RESPLENDOR TUCSON AZ 85716	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FEELEY, FRANK G 18 TREMONT ST, STE 700 BOSTON MA 02108	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLBROOK, WILLIAM G 7560 CONCESSION ROAD #3 OXBRIDGE, ON CANADA L9R- 1R1	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP SMITH, MELANIE 1906 KIRBY RD MC LEAN VA 22101	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/T/D Detorie, Joe 1515 Wilson Blvd., Ste. 800 Arlington, VA 22209	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/C Mulderig, Robert A. 44 Church Street Hamilton HM HX, Bermuda	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Kessock, Jr., John One Logan Square, Ste. 1400 Philadelphia, PA 19103	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'Brien, Richard E. 44 Church Street Hamilton HM HX, Bermuda	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D Walsh, Andrew S. One Logan Square, Suite 1400 Philadelphia, PA 19103	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Martin G. Tracy, Pres.**

4/6/01

Date

(703) 907-3800

Daytime Phone #

CR2E034 (10/00)

(Attached)

*Attachment  
D#034896  
A046084*

**Additional Officers – Professional Risk Management Services, Inc.**

VP

Palumbo, Jacqueline M.  
1001 Wilson Blvd., #904  
Arlington, VA 22209

VP

Lamb-Tso, Kathleen  
10301 College Square  
Columbia, MD 21044

VP

Melonas, Jacqueline M.  
12325 Pleasant View Drive  
Fulton, MD 20759

AVP

Bates, Jean  
43364 Wintersun Court  
Ashburn, VA 20147

AVP

Watley, Cora  
16346 Brook Trail Court  
Upper Marlboro, MD 20772

AVP

Ahmadi, Khosrow  
9665 Lindenbrook St.  
Fairfax, VA 22031