FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

DOCUMENT # P24896 1. Entity Name					02 MAY 13 PM 1:08	
Professional Risk Management Services, Inc.					SECRETARY OF STATE TALLAHASSEE, FLORIDA	
	DO NOT WRITE	IN THIS SF	AC	E		
Principal Place of Business 3. Mailing Address					7	
1515 Wilson Blvd. 1515 Wilson			Bly	/d		
Suite, Apt. #, etc. Suite, Apt. #, etc. Ste. 800 Ste. 800					DO NOT WRITE IN THIS SPACE	
City & State City & State					4. FEI Number	Applied For
		Arlington, VA			52-1480753	Not Applicable
Zip 22209	Country	Zip 22209	Count US	гу		3.75 Additional Required
22203	1, 09	1 2 2 2 0 9	US		7. Name and Address of Current Registered A	
Name					Corporation System	
Street Address				(P.O. Box Number is Not Acceptable)		
IN THIS SPACE				1200 South Pine Island Rd.		
				Chu		
				City Pla	antation FL	Zip Code 33324
8. The above	named entity submits this statement for	the purpose of changing its r	egistere	d office or regist	ered agent, or both, in the State of Florida.	
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE:	Registered	Agent signature require	red when reinstating) DATE	
9 This corn	pration is eligible to satisfy its Intangible	January 1 - Ma	ıy 1 Fe	e is \$150.00	- 	
Tax filing requirement and elects to do so. After May 1,				\$550.00	10. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
	ria oп back)	Make Check Payabl				Added to rees
TITLE	OFFICERS AND	DIRECTORS				5435§
NAME	PD Tracy, Martin 8800 Woodland Meadows Ct.		TITLE NAME		3000056205435 -05/28/0201019007 ****158.75 ****158.75	
STREET ADDRESS				TADORESS		
CITY-ST-ZIP	Annandale, VA	22003	-	ST-ZIP	*****130.13	****158.75
TITLE NAME	EV.TD		TITLE NAME			. <u> </u>
STREET ADDRESS	Detorie, Joseph 1515 Wilson Blvd., Ste. 800			T ADDRESS:		
CITY+ST+ZIP	Arlington, VA	22209	CITY	ST-ZIP		
TITLE NAME	D/C		IIILE	4	•	
STREET ADDRESS	Mulderig, Robert		NAME STREE	T ADDRESS	DO MOT WAIT	
CITY-ST-ZIP	44 Church Street Hamilton HM HX Bermuda		4,545,44	ST-ZIP	DO NOT WRITE	
TITLE	S/D				IN THIS SPACE	
	Walsh, Andrew			T ADDRESS	IN THIS STAGE	
One Logan Square, Ste. 1400			11.00	ST-ZIP		
III/LE D	Philadelphia, Pa O'Brien, Richard	1 19103	TITLE			
14 Chumah Ctmoot			NÁME		A a	
STREET ADDRESS CITY-ST-ZIP			STREE CITY-	T ADDRESS ST-ZIP	\h daz	
TITLE	SVP		TITLE	- : . 	Mah	
NAME	Smith, Melanie		NAME		1	
STREET ADDRESS	1906 Kirby Rd.		STREE	T ADDRESS		

13. I hereby certify that the information supplied with this filling 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Martin G. Tracy, Pres./CEO: (703) 907-3800,
NAME OF SIGNING OFFICER OR DIRECTOR

Plate 5/10/02 Doylune Phone?

372

Additional Officers - Professional Risk Management Services, Inc.

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

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

VP Bates, Jean 43364 Wintersrun Court Ashburn, VA 20147

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

AVP Ahmadi, Khosrow 9665 Lindenbrook St. Fairfax, VA 22031