



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90082 045 ***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.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 52-1480753	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	PD TRACY, MARTIN 8800 WOODLAND MEADOWS CT ANNANDALE, VA 22003	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	1515 Wilson Blvd., Ste. 800 Arlington, VA 22209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTSD DETORIE, JOSEPH P 1515 WILSON BLVD. STE 800 ARLINGTON, VA 22209	<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	DC MULLIN, ARTHUR W ONE LOGAN SQUARE, SUITE 1400 PHILADELPHIA, PA 19103	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	DC Joseph Zarandona One Logan Square, Suite 1400 Philadelphia, PA 19103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOYLE, JOSEPH M ONE LOGAN SQUIRE, SUITE 1400 PHILADELPHIA, PA 19103	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	D Michael I. Quist 111 E. Kilbourn Avenue, Suite 1150 Milwaukee, WI 53202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP SMITH, MELANIE 1906 KIRBY RD MC LEAN, VA 22101	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	1515 Wilson Blvd., Ste. 800 Arlington, VA 22209
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	D Gregg C. Frederick One Logan Square, Suite 1400 Philadelphia, PA 19103
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>M. Tracy</u> Martin C. Tracy <u>4/4/05</u> 703-907-3800 ext. 372 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone</small>					

2005 For Profit Corporation
Annual Report

ATTACHMENT

Document #P24896
Professional Risk Management Services, Inc.

40057956

Additional Officers and Directors

D

Daley, Bruce M.
One Logan Square, Suite 1400
Philadelphia, PA 19103

D

Rampson, David A.
One Logan Square, Suite 1400
Philadelphia, PA 19103

SVP

Palumbo, Jacqueline M.
1515 Wilson Blvd., Ste. 800
Arlington, VA 22209

VP

Bates, Jean
1515 Wilson Blvd., Ste. 800
Arlington, VA 22209

VP

Melonas, Jacqueline M.
1515 Wilson Blvd., Ste. 800
Arlington, VA 22209

AVP

Watley, Cora
1515 Wilson Blvd., Ste. 800
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AVP

Ahmadi, Khosrow
1515 Wilson Blvd., Ste. 800
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AVP

Vanderpool, Donna L.
1515 Wilson Blvd., Ste. 800
Arlington, VA 22209

AVP

Jones, Megan E.
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