

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90065 026 ***150.00

DOCUMENT # P35464

1. Entity Name
SPECIALTY RISK SERVICES, INC.



Principal Place of Business
**ITT HARTFORD
690 ASYLUM AVE., LAW DEPT.
HARTFORD CT 06115**

Mailing Address
**ITT HARTFORD
690 ASYLUM AVE., LAW DEPT.
HARTFORD CT 06115**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **06-1317292**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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
**DVP
SALVE, PATRICK J
38 BIRCH ROAD
WEST HARTFORD CT** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
REPLOGLE, DENNIS R
3 ROBERTS RD
SIMSBURY CT** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
**26 Fawn Hill Drive
Burlington, CT 06013**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VC
GIALALIS, JOHN N
13 WEST GATE ROAD
FARMINGTON CT 06032** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
**5 Jordan Lane
Farmington, CT 06085**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPS
O'HALLORAN, MICHAEL
124 CIDER BROOK DR.
WETHERSFIELD CT** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☒ Addition
**S
Amy Gallant
16 Country Lane
W. Hartford, CT 06107**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
GARRETT, JAMES R
26 MARY CATHERINE CIRCLE
WINDSOR CT** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AVP
CUBANSKI, JAMES
59 BIDWELL ST
GLASTONBURY CT** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)