


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90054 038 ***150.00

DOCUMENT # P39212
 1. Entity Name
KROLL ASSOCIATES, INC.



Principal Place of Business
**900 THIRD AVENUE
 NEW YORK, NY 10022**

Mailing Address
**900 THIRD AVENUE
 NEW YORK, NY 10022**

2. Principal Place of Business - No P.O. Box #
1166 Avenue of the Americas

3. Mailing Address
1166 Avenue of the Americas

Suite, Apt. #, etc.

City & State
New York, N.Y.

City & State
New York, N.Y.

Zip
10036

Country
U.S.A.



03312008 Chg-P CR2E034 (12/06)

4. FEI Number
11-2286880

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301-2525**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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 D Delete <input type="checkbox"/>	NAME PEREL, SABRINA H	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 900 THIRD AVENUE	1166 Avenue of the Americas	NAME	
CITY-ST-ZIP NEW YORK, NY 10022	New York, N.Y. 10036	STREET ADDRESS	
		CITY-ST-ZIP	
TITLE PS Delete <input type="checkbox"/>	NAME PEREL, SABRINA H	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 900 THIRD AVENUE	1166 Avenue of the Americas	NAME	
CITY-ST-ZIP NEW YORK, NY 10022	New York, N.Y. 10036	STREET ADDRESS	
		CITY-ST-ZIP	
TITLE VPT Delete <input type="checkbox"/>	NAME KARSON, DANIEL E	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 900 THIRD AVENUE	1166 Avenue of the Americas	NAME	
CITY-ST-ZIP NEW YORK, NY 10022	New York, N.Y. 10036	STREET ADDRESS	
		CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Sabrina H Perel* **4/4/08** 212-833-3245
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dorsime Phone #