SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/1/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

*FILED
*95 JUL 25 AM 10:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000001991 (7)**

1. Corporation Name

ADMINISTERED RISK MANAGEMENT SERVICES, INC.

Principal Place of Business	Mailing Address
921 GARDENIA DR. BUILDING 6 SUITE 472 DELRAY BEACH FL 33483	921 GARDENIA DR. BUILDING 6 SUITE 472 DELRAY BEACH FL 33483

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/06/1993
3a. Date of Last Report: 08/26/1994

2. Principal Place of Business
21: 404 Berkshire CENTER
22: Suite, Apt. #, etc.
23: City & State: Greensburg PA
24: Zip: 15601 25: Country: USA

2a. Mailing Address
26: 404 Berkshire CENTER
27: Suite, Apt. #, etc.
28: City & State: Greensburg PA
29: Zip: 15601 30: Country: USA

4. FEI Number: APPLIED FOR ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

KINGSLEY, JENNIFER C
921 GARDENIA DR.
BLDG. 6 BUITE 472
DELRAY BEACH FL 33483

10. Name and Address of New Registered Agent

81 Name: Claire M. Kingsley
82 Street Address (P.O. Box Number is Not Acceptable): 1822 Kings Lake Blvd # 203
83:
84 City: Naples **FL** 85 Zip Code: 33962

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Jennifer M. Kingsley — DATE: 7-18-95
Signature of president or permitted name of registered agent, and title if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 1995	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	KINGSLEY, JENNIFER C	12 NAME	
STREET ADDRESS	921 GARDENIA DR.,BLDG.6, SUITE 472	13 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL 33483	14 CITY-ST-ZIP	
TITLE	ST	21 TITLE	☐ Change ☐ Addition
NAME	KINGSLEY, CLAIRE	22 NAME	
STREET ADDRESS	1822 KINGS LAKE BLVD.	23 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	24 CITY-ST-ZIP	
TITLE	O	31 TITLE	☐ Change ☐ Addition
NAME	SOTO, FERNANDO	32 NAME	
STREET ADDRESS	52 KRON SPRINDES GADE	33 STREET ADDRESS	
CITY-ST-ZIP	ST. THOMAS VIRGIN ISLAND	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 7-18-95 412 838-9609
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #

CR2E034 (3/95)

0000241 CP