


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2008 08:00 A
Secretary of State

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| DOCUMENT # P94000081627 1. Entity Name RISK CONTROL INCORPORATED |  |
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|---|---|
| Principal Place of Business 46 ADLER COURT ROCKAWAY, NJ 07866-2611 US | Mailing Address 46 ADLER COURT ROCKAWAY, NJ 07866-2611 US |
|---|---|

DO NOT WRITE IN THIS SPACE



01022008 No Chg-P CR2E034 (11/05)

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| 4. FEI Number 22-3339098 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

**CRANE, THOMAS M P.A.
502-B WEST FLETCHER AVENUE
TAMPA, FL 33612**

**DO NOT WRITE
IN THIS SPACE**

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 *Thomas M Crane* **Thomas Crane P.A.** **01-08-08**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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10. OFFICERS AND DIRECTORS

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|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD DEMAREST, WAYNE A 46 ADLER COURT ROCKAWAY, NJ 078662611 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD KASKEL, PETER S 148 MAIN ST SOMERSVILLE, CT 06072 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD RUTH, JOHN F 174 MARIOMI ROAD NEW CANAAN, CT 06840 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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01/09/08-80038-019 150.00

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: *Wayne A Demarest* **Wayne A. Demarest President** **01-04-08** **973 586-0440**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #