FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000013978 (8)**

1. Corporation Name

A.I. RISK SPECIALIST, INC.

Principal Place of Business	Mailing Address
100 N TAMPA ST. 1840 TAMPA FL 33602	70 PINE ST NEW YORK NY 10270

3. Date Incorporated or Qualified: 02/20/1995
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 2600 Douglas Road	26 70 Pine Street
Suite, Apt. #, etc. 22 Suite 1010	Suite, Apt. #, etc. 27 Attn: E.M. Tuck
City & State 23 Coral Gables, FL	City & State 28 New York, NY
Zip / Country 24 33134 / 25 U.S.A.	Zip / Country 29 10270 / 30

4. FEI Number: 13-3818981 ☐ 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

THE PRENTICE HALL CORPORATION SYSTEM, INC.
1201 HAYS ST, 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P,GM	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	John Blake		1.2 NAME		
STREET ADDRESS	2600 Douglas Road		1.3 STREET ADDRESS		
CITY-ST-ZIP	Coral Gables, FL 33134		1.4 CITY-ST-ZIP		
TITLE	VP, AGC, S	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	Rachel Rivlin		2.2 NAME		
STREET ADDRESS	200 State Street		2.3 STREET ADDRESS		
CITY-ST-ZIP	Boston, MA 02109		2.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	Elizabeth M. Tuck		3.2 NAME		
STREET ADDRESS	70 Pine Street		3.3 STREET ADDRESS		
CITY-ST-ZIP	New York, NY 10270		3.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	William N. Dooley		4.2 NAME		
STREET ADDRESS	70 Pine Street		4.3 STREET ADDRESS		
CITY-ST-ZIP	New York, NY 10270		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	Kevin H. Kelley		5.2 NAME		
STREET ADDRESS	200 State Street		5.3 STREET ADDRESS		
CITY-ST-ZIP	Boston, MA 02109		5.4 CITY-ST-ZIP		
TITLE	William D. Smith	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	Director		6.2 NAME		
STREET ADDRESS	70 Pine Street		6.3 STREET ADDRESS		
CITY-ST-ZIP	New York, NY 10270		6.4 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)(k), 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: Elizabeth M. Tuck — 4-25-96 — (212) 770-7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)