| | MENT # P950000 | JBR) | 1012 | | | | | | | | | | | | | | | | |
|---|--|---|---|---|---|---------------|----------------------------|------------|----------|-------------|---------|--------------|---------|---|---|--|----------|---------|---|
| 1. Entity Nam | he | | FILED | | | | | | | | | | | | | | | | |
| A.I. RISK | (SPECIALIST, INC. | | | | | | | | | | | | | | | | | | |
| Principal Place of Business Mailing Address | | | | | 00 JUL -7 AM 10: 44 | | | | | | | | | | | | | | |
| 2600 DOUGLAS ROAD SUITE 1010 CORAL GABLES FL 33134 US 2. Principal Place of Business Suite, Apt. #, etc. | | 70 PINE STREET ATTN E M TUCK NEW YORK NY 10270-0002 US 3. Mailing Address Suite, Apt. #, etc. | | | SECRE (ARY OF STATE TALLAHASSEE. FLORIDA | | | | | | | | | | | | | | |
| | | | | | | | | | | City & Stat | le | City & State | | 4 | 4. FEI Number 13-3818981 Applied For Not Applicable | | | | |
| | | | | | | | | | | Zip | Country | Zip | Country | 5 | . Certificate of Status Desired | | 3.75 Add | itional | - |
| | 6. Name and Address of Current R | legistered Agent | I | 7 | . Name and Address of New | | | _ | | | | | | | | | | | |
| | | | Ň | Name | | | | | | | | | | | | | | | |
| THE PRENTICE HALL CORPORATION SYSTEM, INC. 1201 HAYS ST, 105 | | | | treet Address (P.O | . Box Number is Not Acceptab | le) | | | | | | | | | | | | | |
| TALI | LAHASSEE FL 32301 | | | | | | | | | | | | | | | | | | |
| | | | | City FL Zip Code | | | | | | | | | | | | | | | |
| SIGNATURE | e named entity submits this statement for | | registered o | | agent, or both, in the state of t | | | | | | | | | | | | | | |
| | Signature, typed or printed name of registered agent ar | nd title if applicable (NOT | E: Registered Age | ent signature required whe | n reinstating) | DATE | | | _ | | | | | | | | | | |
| This corport Tax filing r (See crite) | FILE NOW After MAY 1, 20 Make Check Payal | 000 Fee will | be \$550.00 | 10. Election Campaign F Trust Fund Contributi | ~ _ | | 0 May Be to Fees | | | | | | | | | | | | |
| 11. | OFFICERS AND D | DIRECTORS | 12. | | ADDITIONS/CHANGES TO OF | FICERS AND D | IRECTORS | G IN 11 | 1_ | | | | | | | | | | |
| TITLE NAME STREET ADDRESS CJTY-ST-ZIP | PGM BLAKE, JOHN 2600 DOUGLAS ROAD | Delete | TITLE NAME STREET AD CITY-ST-3 | | | Γ |] Changé | Addition | <u>-</u> | | | | | | | | | | |
| TITLE NAME STREET ADDRESS | CORAL GABLES FL VPAG Detete RIVLIN, RACHEL 200 STATE STREET | | TITLE NAME STREET AD | DDRESS | | [| Change | Addition | 78 | | | | | | | | | | |
| CITY-ST-ZIP | BOSTON MA | Delete | CITY-ST-3 TITLE | ZIP | | |] Change | Addition | | | | | | | | | | | |
| NAME STREET ADDRESS | TUCK, ELIZABETH M 70 PINE STREET | | NAME STREET AL | DDRESS | | | | | | | | | | | | | | | |
| CITY-ST-ZIP | NEW YORK NY | | CITY-ST- | ZIP | | | | | | | | | | | | | | | |
| title Name | T MCFATE, CAROL A | Delete | TITLE NAME | | | [| Change | Addition | 1 | | | | | | | | | | |
| STREET ADDRESS CITY-ST-ZIP | 70 PINE STREET NEW YORK NY 10270 | | STREET AD | | | | | | | | | | | | | | | | |
| TITLE | D | Delete | TITLE | | · | [| Change | ☐ Addition | n | | | | | | | | | | |
| NAME STREET ADDRESS | KELLEY, KEVIN H 200 STATE STREET | | NAME STREET AL CITY-ST-3 | | 9000033 | 1755 | 9 | -8 | | | | | | | | | | | |
| CITY-ST-ZIP TITLE | D BOSTON MA | Delete | TITLE | <u></u> | | [|) Change | | | | | | | | | | | | |
| NAME STREET ADORESS CITY-ST-ZIP | TIZZIO, THOMAS R. 70 PINE STREET | | NAME STREET AD CITY - ST-1 | | | LS (. | | | | | | | | | | | | | |
| | NEW YORK NY | | GUY-SI | 4)r I | | • | | | | | | | | | | | | | |

indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effects 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered. SIGNATUREAND TYPED OR PRINTED MAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

(212)770-7000 Daytime Phone #

Date

- 7NF 00

PH 4: 53

RECEIVED

| COMPANY | - ACCOUNT NO. | | 072100000 | 032 |
|-------------|--|---|-----------|-----------------|
| | REFERENCE | : | 755506 | 4320171 |
| | AUTHORIZATION | : | <i>(</i> | Patricia Pigito |
| | COST LIMIT | : | \$ 550.00 | <i></i> |
| ORDER DATE | : July 6, 2000 | | | |
| ORDER TIME | : 4:13 PM | | | |
| ORDER NO. | : 755506-030 | | | · |
| CUSTOMER NO | : 4320171 | | | |
| | Ms. Bernadette Colo American Internatio 70 Pine Street 27th Floor New York, NY 10270 | | Group, | : |

ANNUAL REPORT FILING

NAME: A.I. RISK SPECIALIST, INC.

XX____ ANNUAL REPORT

- 2

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY

 XX
 PLAIN STAMPED COPY

 CERTIFICATE OF GOOD STANDING

EXAMINER'S INITIALS: