

2002 UNIFORM BUSINESS REPORT (UBR)

0618667 AT

1 of 2

FILED

02 MAY -1 PM 2: 53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DO NOT WRITE IN THIS SPACE

DOCUMENT # P95000013978

1. Entity Name
A.I. RISK SPECIALISTS OF FLORIDA, INC.

Principal Place of Business

2600 DOUGLAS ROAD
SUITE 1010
CORAL GABLES FL 33134
US

Mailing Address

70 PINE STREET
ATTN E M TUCK
NEW YORK NY 10270
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

13-3818981

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PGM ☒ Delete
NAME BLAKE, JOHN
STREET ADDRESS 2600 DOUGLAS ROAD
CITY-ST-ZIP CORAL GABLES FL

TITLE ☐ Change ☒ Addition
NAME Kelly, Shawn
STREET ADDRESS 200 State Street
CITY-ST-ZIP Boston, MA 02105

TITLE VPAG ☐ Delete
NAME RIVLIN, RACHEL
STREET ADDRESS 200 STATE STREET
CITY-ST-ZIP BOSTON MA

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☐ Delete
NAME TUCK, ELIZABETH M
STREET ADDRESS 70 PINE STREET
CITY-ST-ZIP NEW YORK NY

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Delete
NAME MCFATE, CAROL A
STREET ADDRESS 70 PINE STREET
CITY-ST-ZIP NEW YORK NY 10270

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME KELLEY, KEVIN H
STREET ADDRESS 200 STATE STREET
CITY-ST-ZIP BOSTON MA

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME TIZZIO, THOMAS R.
STREET ADDRESS 70 PINE STREET
CITY-ST-ZIP NEW YORK NY

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Handwritten signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-29-02 (20) 770-7000

CR2E034 (9/01)

287



ACCOUNT NO. : 072100000032

REFERENCE : 556901 4320171

AUTHORIZATION :

COST LIMIT : \$ 150.00

Patricia Pajot

ORDER DATE : April 30, 2002

ORDER TIME : 11:27 AM

ORDER NO. : 556901-020

CUSTOMER NO: 4320171

CUSTOMER: Ms. Bernadette Colon
American International Group,
70 Pine Street
30th Floor
New York, NY 10270

RECEIVED
02 MAY - 1 PM 3:09
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ANNUAL REPORT FILING

NAME: A.I. RISK SPECIALISTS OF
FLORIDA, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Janna Wilson-EXT#1155

EXAMINER'S INITIALS: _____