


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90207 020 ***150.00

DOCUMENT # P99000044093

1. Entity Name
RISK SERVICES INTERNATIONAL, INC.



Principal Place of Business
**1800 2ND ST., STE. 909
 SARASOTA, FL 34236**

Mailing Address
**PO BOX 2139
 SARASOTA, FL 34230-2139 US**

J401034



03042004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0924108 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**WOLFE, RANDOLPH J ESQ.
 FOLEY & LARDNER
 100 N. TAMPA STREET, SUITE 2700
 TAMPA, FL 33602**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	CD
NAME	HARRIS, G. WAYNE
STREET ADDRESS	1800 2ND ST., STE. 909
CITY-ST-ZIP	SARASOTA, FL 34236
TITLE	VSD
NAME	HARKAVY, JONATHAN
STREET ADDRESS	1501 WILSON BLVD., STE. 1110
CITY-ST-ZIP	ARLINGTON, VA 22209
TITLE	PD
NAME	ROGERS, MICHAEL T
STREET ADDRESS	1800 2ND ST., STE 909
CITY-ST-ZIP	SARASOTA, FL 34236
TITLE	VT
NAME	GEORGE, DANIEL
STREET ADDRESS	3336 AIRPORT RD., STE 201
CITY-ST-ZIP	BARRE, VT 05641
TITLE	VPAS
NAME	ROY, PAMELA
STREET ADDRESS	3336 AIRPORT RD., STE 201
CITY-ST-ZIP	BARRE, VT 05641
TITLE	AS
NAME	ROSS, HEATHER
STREET ADDRESS	1501 WILSON BLVD., STE 1110
CITY-ST-ZIP	ARLINGTON, VA 22209

**DO NOT WRITE
 IN THIS SPACE**

12. 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 of trust or 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:  **Vice President** 3/11/04 703-812-8128
 _____ Date Daytime Phone #
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Attachment

**FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS**

2004 FOR PROFIT CORPORATION ANNUAL REPORT

**RISK SERVICES INTERNATIONAL, INC.
DOCUMENT #P99000044093**

Additional Officers and Directors:

Title:	Vice President
Name:	Charles Halstead-Johnson
Street Address:	3336 Airport Road, Suite 201
City, State, Zip:	Montpelier, VT 05601