

**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**

3401034



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

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

(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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Jon Harkavy*  
**Vice President**  
3/11/04 703-812-8428

*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