


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2004 8:00 am**  
**Secretary of State**

04-16-2004 90107 003 \*\*\*150.00

<b>DOCUMENT # P99000080477</b> 1. Entity Name <b>ALTERNATIVE RISK SERVICES, INC.</b>					
Principal Place of Business <b>1600 W. COMMERCIAL BLVD. FORT LAUDERDALE, FL 33309</b>			Mailing Address <b>1600 W. COMMERCIAL BLVD. FORT LAUDERDALE, FL 33309</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>65-1063196</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>CAMILLO, JOHN M 1600 W. COMMERCIAL BLVD. FORT LAUDERDALE, FL 33309</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEPHENSON, MARK 1600 W. COMMERCIAL BLVD. FORT LAUDERDALE, FL 33309 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORGAMAN, PHILIP E 1600 W. COMMERCIAL BLVD. FORT LAUDERDALE, FL 33309 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NICHOLS, NEIL C 3251 WASHINGTON BLVD. ARLINGTON, VA 22201 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAMILLO, JOHN M 1600 W. COMMERCIAL BLVD. FORT LAUDERDALE, FL 33309 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GARDNER, DEBORAH S 1600 W. COMMERCIAL BLVD. FORT LAUDERDALE, FL 33309 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	✓ <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPRUCE, WILLIAM D 1600 W. COMMERCIAL BLVD. FORT LAUDERDALE, FL 33309 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> <u>Mark Stephenson</u> <u>3/25/04</u> <u>954 453 6565</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

*Attachment 2404398*  
**ALTERNATIVE RISK SERVICES, INC.**

**ADDITIONAL DIRECTORS AND OFFICERS:**

*#P9900008047.7*

Title: V  
Name: Linda M. Dinapoli  
Street Address: 1600 W. Commercial Blvd.  
City-St-Zip: Ft. Lauderdale, Florida 33309

Title: V,S  
Name: Matthew T. Jones  
Street Address: 1600 W. Commercial Blvd.  
City-St-Zip: Ft. Lauderdale, Florida 33309

Title: V  
Name: Joseph A. Matteis  
Street Address: 1600 W. Commercial Blvd.  
City-St-Zip: Ft. Lauderdale, Florida 33309

Title: V  
Name: Marilyn Peterson  
Street Address: 1600 W. Commercial Blvd.  
City-St-Zip: Ft. Lauderdale, Florida 33309

Title: V  
Name: Norm Baker  
Street Address: 1600 W. Commercial Blvd.  
City-St-Zip: Ft. Lauderdale, Florida 33309

Title: V  
Name: Chris Parkinson  
Street Address: 1600 W. Commercial Blvd.  
City-St-Zip: Ft. Lauderdale, Florida 33309

Title: V  
Name: David Zugman  
Street Address: 1600 W. Commercial Blvd.  
City-St-Zip: Ft. Lauderdale, Florida 33309