

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2005 8:00 am**  
**Secretary of State**

04-20-2005 90336 024 \*\*\*150.00

**DOCUMENT # P99000080477**

1. Entity Name  
**ALTERNATIVE RISK SERVICES, INC.**



Principal Place of Business  
**1600 W. COMMERCIAL BLVD.  
FORT LAUDERDALE, FL 33309**

Mailing Address  
**1600 W. COMMERCIAL BLVD.  
FORT LAUDERDALE, FL 33309**

**50040026**



2. Principal Place of Business  
**3000 W. Cypress Creek Rd.  
Suite, Apt. #, etc.**

3. Mailing Address  
**same as principal  
Suite, Apt. #, etc.**

04122005 Chg-P CR2E034 (10/03)

City & State  
**Ft. Lauderdale, FL**

City & State

4. FEI Number  
**65-1063196**

Applied For  
☐ Not Applicable

Zip  
**33309**

Country  
**U.S.A.**

Zip

Country

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

**6. Name and Address of Current Registered Agent**

**CAMILLO, JOHN M  
1600 W. COMMERCIAL BLVD.  
FORT LAUDERDALE, FL 33309**

**7. Name and Address of New Registered Agent**

Name  
**Matthew T. Jones, Esq.**

Street Address (P.O. Box Number is Not Acceptable)

**3000 W. Cypress Creek Road**

City  
**Ft. Lauderdale**

**FL**

Zip Code  
**33309**

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
**D** ☐ Delete  
NAME  
**STEPHENSON, MARK**  
STREET ADDRESS  
**1600 W. COMMERCIAL BLVD.**  
CITY-ST-ZIP  
**FORT LAUDERDALE, FL 33309**

TITLE  
**D** ☐ Delete  
NAME  
**MORGAMAN, PHILIP E**  
STREET ADDRESS  
**1600 W. COMMERCIAL BLVD.**  
CITY-ST-ZIP  
**FORT LAUDERDALE, FL 33309**

TITLE  
**D** ☐ Delete  
NAME  
**NICHOLS, NEIL C**  
STREET ADDRESS  
**3251 WASHINGTON BLVD.**  
CITY-ST-ZIP  
**ARLINGTON, VA 22201**

TITLE  
**D** ☒ Delete  
NAME  
**CAMILLO, JOHN M**  
STREET ADDRESS  
**1600 W. COMMERCIAL BLVD.**  
CITY-ST-ZIP  
**FORT LAUDERDALE, FL 33309**

TITLE  
**VT** ☐ Delete  
NAME  
**GARDNER, DEBORAH S**  
STREET ADDRESS  
**1600 W. COMMERCIAL BLVD.**  
CITY-ST-ZIP  
**FORT LAUDERDALE, FL 33309**

TITLE  
**D** ☐ Delete  
NAME  
**SPRUCE, WILLIAM D**  
STREET ADDRESS  
**1600 W. COMMERCIAL BLVD.**  
CITY-ST-ZIP  
**FORT LAUDERDALE, FL 33309**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**3000 W. Cypress Creek Road**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**3000 W. Cypress Creek Road**

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

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Justin Morgaman  
3000 W. Cypress Creek Road**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**3000 W. Cypress Creek Road**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**3000 W. Cypress Creek Road**

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 #

*Mark Stephenson*

**4-14-05**

**954-493-6565**

**ATTACHMENT** 57040026  
# P99000080477

**ALTERNATIVE RISK SERVICES, INC.**  
**ADDITIONAL DIRECTORS AND OFFICERS:**

Title: V  
Name: Linda M. Dinapoli  
Street Address: 3000 E. Cypress Creek Rd.  
City-St-Zip: Ft. Lauderdale, Florida 33309

Title: V,S  
Name: Matthew T. Jones  
Street Address: 3000 E. Cypress Creek Rd.  
City-St-Zip: Ft. Lauderdale, Florida 33309

Title: V  
Name: Joseph A. Matteis  
Street Address: 3000 E. Cypress Creek Rd.  
City-St-Zip: Ft. Lauderdale, Florida 33309

Title: D  
Name: David Zugman  
Street Address: 3000 E. Cypress Creek Rd.  
City-St-Zip: Ft. Lauderdale, Florida 33309

Title: D  
Name: Charlie King  
Street Address: 3251 Washington Blvd.  
City-St-Zip: Arlington, VA 22201

Title: V  
Name: Marilyn Peterson  
Street Address: 3000 E. Cypress Creek Rd.  
City-St-Zip: Ft. Lauderdale, Florida 33309

Title: V  
Name: Norm Baker  
Street Address: 3000 E. Cypress Creek Rd.  
City-St-Zip: Ft. Lauderdale, Florida 33309

Title: V  
Name: Chris Parkinson  
Street Address: 3000 E. Cypress Creek Rd.  
City-St-Zip: Ft. Lauderdale, Florida 33309

Title: V  
Name: Dawn Duxbury  
Street Address: 3000 E. Cypress Creek Rd.  
City-St-Zip: Ft. Lauderdale, Florida 33309

# ATTACHMENT

500420216  
#P99000080477

Title: V  
Name: John Reynolds  
Street Address: 3000 E. Cypress Creek Rd.  
City-St-Zip: Ft. Lauderdale, Florida 33309

Title: V  
Name: Paul Chabarek  
Street Address: 3000 E. Cypress Creek Rd.  
City-St-Zip: Ft. Lauderdale, Florida 33309

Title: V, CFO  
Name: Ira Nassi  
Street Address: 3000 E. Cypress Creek Rd.  
City-St-Zip: Ft. Lauderdale, Florida 33309

Title: V  
Name: Deborah Macdonald  
Street Address: 3000 E. Cypress Creek Rd.  
City-St-Zip: Ft. Lauderdale, Florida 33309

Title: V  
Name: Chris Lovisone  
Street Address: 3000 E. Cypress Creek Rd.  
City-St-Zip: Ft. Lauderdale, Florida 33309

Title: V  
Name: Nicole Boodram  
Street Address: 3000 E. Cypress Creek Rd.  
City-St-Zip: Ft. Lauderdale, Florida 33309