

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 29 1998 8:00am
Secretary of State

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # S18260 (7)
1. Corporation Name
USA RISK SERVICES, INC.

| | |
|---|--|
| Principal Place of Business 2033 WOOD STREET SUITE 200 SARASOTA FL 34237 | Mailing Address PO BOX 2139 SARASOTA FL 34230-2139 |
|---|--|

DO NOT WRITE IN THIS SPACE

| | | | | | |
|---|--|--|--|---|--|
| 2. Principal Place of Business 21 1800 SECOND STREET Suite, Apt. #, etc. 22 909 City & State 23 SARASOTA, FL Zip 24 34236 Country 25 USA | | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30 | | 3. Date Incorporated or Qualified 12/13/1990 4. FEI Number 54-1511810 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
|---|--|--|--|---|--|

9. Name and Address of Current Registered Agent

WOLFE, RANDOLPH J
201 NORTH FRANKLIN
SUITE 200
TAMPA FL 33602

10. Name and Address of New Registered Agent

| | |
|---|-------------|
| 81 Name | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | |
| 84 City | FL |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

| | | | |
|----------------------------|--------------------------|---|---|
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE | C | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HARRIS, G WAYNE | 1.2 NAME | PLEASE SEE ATTACHED LISTING |
| STREET ADDRESS | 1800 SECOND STREET, #909 | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | SARASOTA FL | 1.4 CITY-ST-ZIP | |
| TITLE | VPGC | 2.1 TITLE | |
| NAME | HARKAVAY, JONATHAN | 2.2 NAME | |
| STREET ADDRESS | 8100 HAMILTON SPRING RD | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | BETHESDA MD | 2.4 CITY-ST-ZIP | |
| TITLE | ST | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BYERS, KELLY K | 3.2 NAME | |
| STREET ADDRESS | 1800 SECOND STREET, #909 | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | SARASOTA FL | 3.4 CITY-ST-ZIP | |
| TITLE | P | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ROGERS, MICHAEL T | 4.2 NAME | |
| STREET ADDRESS | 6 MAIN STREET | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | BROOKFIELD VT | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: Pamela R. Roy VP/AS 4/21/98 (802)223-2200

CR2E034 (10/97)

USA RISK SERVICES, INC.
CORPORATION ANNUAL REPORT 1998

Listing of Officers and Directors

| | | |
|---------|--------------------------|---|
| C/D : | G. Wayne Harris | Address: 1800 Second St., Suite 909 Sarasota, FL 34236 |
| P/T/D : | Michael T. Rogers | Address: 45 State St., Unit #95 Montpelier, VT 05602 |
| V/D/GC: | Jonathan Harkavy | Address: 1501 Wilson Blvd., Suite 1110 Arlington, VA 22209 |
| V: | David Blocker | Address: 1501 Wilson Blvd., Suite 1110 Arlington, VA 22209 |
| V/S: | Kelly K. Lanza | Address: 1800 Second St., Suite 909 Sarasota, FL 34236 |
| V/AS: | Pamela R. Roy | Address: 45 State St., Unit 395 Montpelier, VT 05602 |
| V: | Daniel E. George | Address: 45 State St., Unit 395 Montpelier, VT 05602 |
| V: | Charles Halstead-Johnson | Address: 45 State St., Unit 395 Montpelier, VT 05602 |
| D: | Jack Inman | Address: 520 Virginia Drive Winter Park, FL 32789 |
| D: | Porter Hicks | Address: 19501 Schooner Drive Davidson, NC 28036 |