

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

0462701

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 05, 1999 8:00 am**  
**Secretary of State**

03-05-1999 90120 017 \*\*\*150.00

DOCUMENT # **S18260**

1. Corporation Name  
**USA RISK SERVICES, INC.**



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

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**12/13/1990**

4. FEI Number

**54-1511810**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required.

6. Election Campaign Financing  
Trust Fund Contribution ☐

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

8. This corporation owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

**21** Suite, Apt. #, etc.

**22** City & State

**23** Zip Country

**24** **25**

2a. Mailing Address

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip Country

**29** **30**

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

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

**83** **Suite 2200**

**84** City

**FL** **85** Zip Code

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **C** ☒ DELETE  
NAME **HARRIS, G WAYNE**  
STREET ADDRESS **1800 SECOND STREET, #909**  
CITY-ST-ZIP **SARASOTA FL**

TITLE **VPGC** ☐ DELETE  
NAME **HARKAVAY, JONATHAN**  
STREET ADDRESS **8100 HAMILTON SPRING RD**  
CITY-ST-ZIP **BETHESDA MD**

TITLE **ST** ☒ DELETE  
NAME **BYERS, KELLY K**  
STREET ADDRESS **1800 SECOND STREET, #909**  
CITY-ST-ZIP **SARASOTA FL**

TITLE **V** ☐ DELETE  
NAME **BLOCKER, DAVID**  
STREET ADDRESS **1501 WILSON BLVD STE 1110**  
CITY-ST-ZIP **ARLINGTON VA 22209**

TITLE **VS** ☐ DELETE  
NAME **LANZA, KELLY**  
STREET ADDRESS **1800 SECOND ST, STE 909**  
CITY-ST-ZIP **SARASOTA FL 34236**

TITLE **D** ☐ DELETE  
NAME **HICKS, PORTER**  
STREET ADDRESS **19501 SCHOONER DR**  
CITY-ST-ZIP **DAVIDSON NC 28036**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE **VPGCD** ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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 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 #

CR2E034 (11/98)

176830-90120-17  
818260

**Florida Profit Corporation Annual Report**  
**1999**

**USA Risk Services, Inc.**  
Document #S18260

**Additional Officers and Directors:**

Title: VP  
Name: Charles Halstead-Johnson  
Street Address: 27 Spruce Mountain View Drive  
City, St., Zip: Barre, VT 05641

Title: Asst. S  
Name: Heather Ross  
Street Address: 1501 Wilson Blvd., #1110  
City, St., Zip: Arlington, VA 22209

Title: VP/T  
Name: Daniel George  
Street Address: 45 State Street, Unit 395  
City, St., Zip: Montpelier, VT 05601

Title: D  
Name: Richard LaMee  
Street Address: 1516 Atlantic Blvd.  
City, St., Zip: Jacksonville, FL 32207

Title: VP  
Name: C. Ferrell Dial  
Street Address: 1800 Second Street, Suite 909  
City, St., Zip: Sarasota, FL 34236

Title: C/D  
Name: Jack Inman  
Street Address: 520 Virginia Drive  
City, St., Zip: Winter Park, FL 32789

Title: Michael T. Rogers  
Name: P/D  
Street Address: 6 Main Street  
City, St., Zip: Brookfield, VT 05063

Title: VP/Asst. S  
Name: Pamela Roy  
Street Address: 5 Point Ridge Road  
City, St., Zip: Barre, VT 05641