2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# V38098

Entity Name: HAMILTON RISK MANAGEMENT CO.

FILED Apr 29, 2002 8:00 AM Secretary of State

Current Principal Place of Business: New Principal Place of Business: 3915 BISCAYNE BLVD MIAMI, FL 33137 **Current Mailing Address: New Mailing Address:** 3915 BISCAYNE BLVD MIAMI, FL 33137 FEI Number: 65-0333519 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: JUNGER, GUY ESQ NAON, ALBERTO 3915 BISĆAYNE BLVD. 3915 BISCAYNE BLVD MIAMI, FL 33137 MIAMI, FL 33137 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. SIGNATURE: ALBERTO NAON 04/29/2002 Electronic Signature of Registered Agent Date This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (). Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: DCP () Delete () Change () Addition ESPIN, ROBERTO Name: Name: 3915 BISCAYNE BLVD. Address: Address: City-St-Zip: MIAML FL City-St-Zip: Title: Title: () Delete () Change () Addition Name: WALTON, KEVIN Name: 3915 BISCAYNE BLVD. Address: Address: MIAMI, FL 33137 City-St-Zip: City-St-Zip: () Delete Title: Title: () Change () Addition ALDULAIMI, RACHAEL Name: Name: 3915 BISCAYNE BLVD. Address: Address: City-St-Zip: MIAMI, FL 33137 City-St-Zip: Title: () Delete Title: () Change () Addition JACKSON, SHAUN Name: Name: Address: 3915 BISCAYNE BLVD Address: City-St-Zip: MIAMI, FL 33137 City-St-Zip: Title: () Delete Title: () Change () Addition STAR, WILLIAM Name: Name: 3915 BISCAYNE BLVD Address: Address: City-St-Zip: MIAMI, FL 33137 City-St-Zip: Title: () Delete Title: () Change (X) Addition Name: Name: ZUHLKE, JAMES 3915 BISCAYNE BLVD Address: Address: City-St-Zip: City-St-Zip: MIAMI, FL 33137

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RACHAEL L ALDULAIMI TS 04/29/2002