

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90087 035 ***150.00

DOCUMENT # F01000003552

1. Entity Name
MSI RISK MANAGEMENT SERVICES, INC.



Principal Place of Business
**49 E. FOURTH ST.
 5TH FLOOR SOUTH
 CINCINNATI, OH 45202**

Mailing Address
**49 E. FOURTH ST.
 5TH FLOOR SOUTH
 CINCINNATI, OH 45202**

2. Principal Place of Business
312 Elm Street

3. Mailing Address
P.O. Box 5435

Suite, Apt., #, etc.
Suite 1250

City & State
Cincinnati Ohio

City & State
Cincinnati OHIO

Zip
45202

Country
USA

Zip
45273-8436

Country
USA



01282005 Chg-P CR2E034 (10/03)

4. FEI Number
31-0987905

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301-2525**

7. Name and Address of New Registered Agent

Name _____

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

City **FL** 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 _____

**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 NAME STREET ADDRESS CITY-ST-ZIP	PD HITCH, ROBERT L 49 E 4TH STREET STE 500 CINCINNATI, OH 45202	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ATA, MASATO 33 WHITEHALL STREET NEW YORK, NY 10004	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EV DENKER, RANDY 49 E 4TH STREET DTS-5 CINCINNATI, OH 45202	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOME, LEONARD S ESQ. ONE BATTERY PARK PLAZA NEW YORK, NY 10004	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YOSHIDA, KOJI 33 WHITEHALL STREET NEW YORK, NY 10004	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVT TAKAGI, YUJI 15 INDEPENDENCE BLVD WARREN, NJ 07059	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President/Director Randy Denker 312 Elm Street, Ste 1250 Cincinnati Ohio 45202	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SR. VP/Secretary Yoshikazu Koike 15 Independence Blvd. Warren NJ 07059	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVT Director Yoshihiro Kosami 312 Elm St, Ste 1250 Cincinnati Ohio 45202	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Robert Hitch 312 Elm Street, Ste 1250 Cincinnati OH 45202	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(f), 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: Randy L Denker

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____