

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2002 8:00 am
Secretary of State

05-10-2002 90011 008 ***150.00

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1. Entity Name
GAB ROBINS RISK MANAGEMENT SERVICES, INC. ✓

Principal Place of Business
**9 CAMPUS DRIVE, SUITE 7
 PARSIPPANY NJ 07054**

Mailing Address
**9 CAMPUS DRIVE, SUITE 7
 PARSIPPANY NJ 07054**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
ATTENTION: JOCELYN E. GILMORE, CORPORATE PARALEGAL
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
22-3677416

Applied For
 Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NRAI SERVICES, INC.
 526 EAST PARK AVENUE
 TALLAHASSEE FL 32301**

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	PD ZUBRETSKY, JOSEPH M	9 CAMPUS DRIVE, SUITE 7	PARSIPPANY NJ 07054				
	V AYCOCK, JEFF	9 CAMPUS DRIVE, SUITE 7	PARSIPPANY NJ 07054				
	T BELFER, BARRY I	9 CAMPUS DRIVE, SUITE 7	PARSIPPANY NJ 07054				
	S JACKSON, THOMAS M	9 CAMPUS DRIVE, SUITE 7	PARSIPPANY NJ 07054				
	D TSUSAKA, JUN	712 FIFTH AVENUE	NEW YORK NY 10019				

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Thomas M Jackson*
 THOMAS M JACKSON

4/30/02 (973) 993-3400
 Date Daytime Phone # X3556

CR2E034 (9/01)