

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 12, 2003 8:00 am
Secretary of State

0615607
AT

06-12-2003 90012 002 ***150.00

DOCUMENT # **F01000006608**



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

Principal Place of Business
**9 CAMPUS DRIVE, SUITE 7
ATTN: JOCELYN E. GILMORE .CORP.PARALEGAL
PARSIPPANY NJ 07054**

Mailing Address
**9 CAMPUS DRIVE, SUITE 7
ATTN: JOCELYN E. GILMORE .CORP.PARALEGAL
PARSIPPANY NJ 07054**



2. Principal Place of Business
9 CAMPUS DRIVE
Suite, Apt. #, etc. **ATTN: J.E. GILMORE
SUITE 7 CORP. PARALEGAL**

3. Mailing Address
9 CAMPUS DRIVE
Suite, Apt. #, etc. **ATTN: J.E. GILMORE
SUITE 7 CORP. PARALEGAL**

CHECK HERE IF MAKING CHANGES

4. FEI Number **22-3677416** Applied For
Not Applicable

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

City & State **PARSIPPANY NJ** City & State **PARSIPPANY NJ**
Zip **07054** Country **USA** Zip **07054** Country **USA**

6. Name and Address of Current Registered Agent
**NRAI SERVICES, INC.
526 EAST PARK AVENUE
TALLAHASSEE FL 32301**

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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 ZUBRETSKY, JOSEPH M 9 CAMPUS DRIVE, SUITE 7 PARSIPPANY NJ 07054 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V AYCOCK, JEFF 9 CAMPUS DRIVE, SUITE 7 PARSIPPANY NJ 07054 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BELFER, BARRY I 9 CAMPUS DRIVE, SUITE 7 PARSIPPANY NJ 07054 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JACKSON, THOMAS M 9 CAMPUS DRIVE, SUITE 7 PARSIPPANY NJ 07054 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TSUSAKA, JUN 712 FIFTH AVENUE NEW YORK NY 10019 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Please see attached) <input type="checkbox"/> Change <input 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Ted Yerdon - Treasurer 9 Campus Drive - Suite 7 Parsippany, NJ 07054-0316
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Dennis A. McGill - CFO 9 Campus Drive - Suite 7 Parsippany, NJ 07054-0316

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other names empowered.
(Preparer info on back)

SIGNATURE: **Thomas M. Jackson** (973) 993-3556
Corporate Secretary
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (10/02)

Attachment

80125949
Fol 00006608

GAB ROBINS RISK MANAGEMENT SERVICES, INC.

**Officers and Directors
As of 01/01/2003**

DIRECTORS

Joseph M. Zubretsky
Jun Tsusaka

OFFICERS

Joseph M. Zubretsky	President
Dennis A. McGill	Chief Financial Officer
Jeffrey V. Aycock	Senior Vice President
Thomas M. Jackson	Corporate Secretary
Ted Yerdon	Treasurer