

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000006608

FILED  
Apr 24, 2006  
Secretary of State

Entity Name: GAB ROBINS RISK MANAGEMENT SERVICES, INC.

**Current Principal Place of Business:**

9 CAMPUS DRIVE STE 7  
ATTN: ELIZABETH J. ROMANI, PARALEGAL  
PARSIPPANY, NJ 07054

**New Principal Place of Business:**

**Current Mailing Address:**

9 CAMPUS DRIVE, SUITE 7  
ATTN: ELIZABETH J. ROMANI, PARALEGAL  
PARSIPPANY, NJ 07054

**New Mailing Address:**

FEI Number: 22-3697415      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE  
SUITE 4  
WESTON, FL 33331 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PRES ( ) Delete  
Name: BODE, PAUL  
Address: 9 CAMPUS DRIVE, SUITE 7  
City-St-Zip: PARSIPPANY, NJ 07054

Title: TREA ( ) Delete  
Name: YERDON, EDWIN  
Address: 9 CAMPUS DRIVE, SUITE 7  
City-St-Zip: PARSIPPANY, NJ 07054

Title: SECY ( ) Delete  
Name: ARNOLD, JAMES P  
Address: 9 CAMPUS DRIVE, SUITE 7  
City-St-Zip: PARSIPPANY, NJ 07054

Title: DIR ( ) Delete  
Name: TSUSAKA, JUN  
Address: 590 MADISON AVENUE  
City-St-Zip: NEW YORK, NY 10022

Title: CFO ( ) Delete  
Name: TEPE, WILLIAM C  
Address: 9 CAMPUS DRIVE, SUITE 7  
City-St-Zip: PARSIPPANY, NJ 07054

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: CFO (X) Change ( ) Addition  
Name: MANSFIELD, ALAN N  
Address: 9 CAMPUS DRIVE, SUITE 7  
City-St-Zip: PARSIPPANY, NJ 07054

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: ELIZABETH J. ROMANI

AS

04/24/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date