

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000006608

FILED
May 04, 2007
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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: TROY, EDWARD
Address: 9 CAMPUS DRIVE, SUITE 7
City-St-Zip: PARSIPPANY, NJ 07054

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:

I hereby certify that the information supplied with this filing does not qualify 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

05/04/2007

Electronic Signature of Signing Officer or Director

_____ Date