

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F10000005213

**Entity Name:** INNOVATIVE RISK MANAGEMENT, INC.

**Current Principal Place of Business:**

3800 PALUXY DR, STE 590  
TYLER, TX 75703

**Current Mailing Address:**

3800 PALUXY DR, STE 590  
TYLER, TX 75703 US

**FEI Number: 75-2395840**

**Certificate of Status Desired: No**

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*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

**Officer/Director Detail :**

Title            CPT  
Name            STAGNER, STUART R  
Address        9111 CYPRESS WATERS BLVD, STE  
                  350  
City-State-Zip: COPPELL TX 75019

Title            VP  
Name            HAMMAN, LISA K  
Address        3800 PALUXY DR, STE 590  
City-State-Zip: TYLER TX 75703

Title            SECRETARY  
Name            LOVISON, CHRISTOPHER  
Address        9111 CYPRESS WATERS BLVD, STE  
                  350  
City-State-Zip: COPPELL TX 75019

*I hereby 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 all other like empowered.*

**SIGNATURE: LISA HAMMAN**

**VP**

**04/30/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date