

**2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F10000005213

**FILED**  
**Apr 25, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

1001 ESE LOOP 323, SUITE 150  
TYLER, TX 75701

**New Principal Place of Business:**

1001 ESE LOOP 323, SUITE 350  
TYLER, TX 75701

**Current Mailing Address:**

1431 GREENWAY DRIVE SUITE 620  
IRVING, TX 75038

**New Mailing Address:**

1001 ESE LOOP 323, SUITE 350  
TYLER, TX 75701

**FEI Number:** 75-2395840

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

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

**OFFICERS AND DIRECTORS:**

Title: CPT  
Name: STAGNER, STUART R  
Address: 1431 GREENWAY DRIVE SUITE 620  
City-St-Zip: IRVING, TX 75038

Title: VCV  
Name: HAGER, DUANE  
Address: 1431 GREENWAY DRIVE SUITE 620  
City-St-Zip: IRVING, TX 75038

Title: S  
Name: HAGER, DUANE  
Address: 1431 GREENWAY DRIVE SUITE 620  
City-St-Zip: IRVING, TX 75038

Title: D  
Name: DAVALT, ED  
Address: 1001 ESE LOOP 323, SUITE 350  
City-St-Zip: TYLER, TX 75701

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: STUART R STAGNER

CPT

04/25/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date