

**2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F10000005213

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

**Current Principal Place of Business:**

3734 SOUTHPARK DRIVE  
TYLER, TX 75703

**Current Mailing Address:**

3734 SOUTHPARK DRIVE  
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 VCP  
Name HAGER, DUANE  
Address 9111 CYPRESS WATERS BLVD, STE 350  
City-State-Zip: COPPELL TX 75019

Title S  
Name HAGER, DUANE  
Address 9111 CYPRESS WATERS BLVD, STE 350  
City-State-Zip: COPPELL TX 75019

Title VP  
Name HAMMAN, LISA K  
Address 3734 SOUTHPARK DRIVE  
City-State-Zip: TYLER TX 75703

*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**

**VICE PRESIDENT**

**04/27/2018**

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

\_\_\_\_\_  
Date