

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2002 8:00 am
Secretary of State

02-03-2002 90001 049 ****61.25

DOCUMENT # F94000003155

1. Entity Name
ASSOCIATION OF ANABAPTIST RISK MANAGEMENT, INC.

Principal Place of Business
**2160 LINCOLN HWY.. EAST
 BOX 6
 LANCASTER PA 17602-1150**

Mailing Address
**2160 LINCOLN HWY.. EAST
 BOX 6
 LANCASTER PA 17602-1150**

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

4. FEI Number **23-2717962** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
**MCGREADY, MARILYN A
 2813 S.E. 19TH CT.
 SUITE 200
 HOMESTEAD FL 33035**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O.-Box Number is Not Acceptable)
 City FL Zip Code

8. 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEAMAN, PHILIP B		NAME		
STREET ADDRESS	37 KLEIDER AVE		STREET ADDRESS	109 Skyline Drive	
CITY-ST-ZIP	LANCASTER PA 17601		CITY-ST-ZIP	New Holland, PA 17557	
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STOESZ, EDGAR		NAME		
STREET ADDRESS	929 BROAD ST.		STREET ADDRESS		
CITY-ST-ZIP	AKRON PA 17501		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROSENBERGER, HENRY		NAME		
STREET ADDRESS	RT. 113, BOX 86		STREET ADDRESS		
CITY-ST-ZIP	BLOOMING GLEN PA 18911		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WITTER, PAUL E		NAME		
STREET ADDRESS	214 RT. 152		STREET ADDRESS		
CITY-ST-ZIP	PERKASIE PA 18944		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowerments.

SIGNATURE: Philip B. Leaman **1/9/02** **717-293-7840**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)