

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 31, 2000 8:00 am**  
**Secretary of State**

01-31-2000 90012 028 \*\*\*150.00

**DOCUMENT # F97000005675**

1. Entity Name

**KRM RISK MANAGEMENT SERVICES, INC.**

Principal Place of Business

Mailing Address

515 N. CABRILLO PARK DR.  
 STE. 306  
 SANTA ANA CA 92701

515 N. CABRILLO PARK DR.  
 STE. 306  
 SANTA ANA CA 92701-5016

2. Principal Place of Business

3. Mailing Address

4270 W. RICHERT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

STE. 101

City & State

City & State

FRESNO

Zip

Country

Zip

CA

Country

FRESNO

4. FEI Number

77-0348362

Applied For

Not Applied For

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

16. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

F & L CORP.  
 THE GREENLEAF BLDG.  
 200 LAURA ST.  
 JACKSONVILLE FL 32202-3510

Name

No Changes

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

N/A

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **C**  Delete  
 NAME **VANBEURDEN, WILLIAM J**  
 STREET ADDRESS **39906 KINGS RIVER DR.**  
 CITY-ST-ZIP **KINGSBURG CA 93631**

TITLE **CD**  Change  Addition  
 NAME **Van Beurden, William J.**  
 STREET ADDRESS **12950 Willow Bluff**  
 CITY-ST-ZIP **Clovis, CA 93611**

TITLE **DP**  Delete  
 NAME **MCINTOSH, ROBERT M**  
 STREET ADDRESS **1301 BRITTANY CROSS RD.**  
 CITY-ST-ZIP **SANTA ANA, CA. 92705**

Change  Addition

TITLE **DSCO**  Delete  
 NAME **WIGH, STEVEN C**  
 STREET ADDRESS **39960 KINGS RIVER DR.**  
 CITY-ST-ZIP **KINGSBURG CA 93631**

Change  Addition

TITLE **CFO**  Delete  
 NAME **CHOU, JOHN C**  
 STREET ADDRESS **314 WAUDUBON**  
 CITY-ST-ZIP **FRESNO CA 93711**

TITLE **Chief Financial Officer**  Change  Addition  
 NAME **Gullen, Laura**  
 STREET ADDRESS **824 E. NORMAL AVE**  
 CITY-ST-ZIP **Fresno, CA 93704**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

Change  Addition

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

Change  Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Steven C. Wigh*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/00

(559) 277-4800

Date

Daytime Phone #