

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 30, 2001 8:00 am
Secretary of State

03-30-2001 90354 044 ***150.00

0690063

DOCUMENT # F97000005675

1. Entity Name
KRM RISK MANAGEMENT SERVICES, INC.

Principal Place of Business
**515 N. CABRILLO PARK DR.
 STE. 906
 SANTA ANA CA 92701**

Mailing Address
**4270 W RICHERT
 STE 101
 FRESNO CA**

2. Principal Place of Business
2650 Apalachee Pkwy

3. Mailing Address
 Suite, Apt. #, etc.

City & State
Tallahassee FL

City & State

4. FEI Number **77-0348362**

Applied For
 Not Applicable

Zip
32301

Country
USA

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **Suzanne Harrison**
 Street Address (P.O. Box Number is Not Acceptable)
2650 Apalachee Pkwy
 City **Tallahassee** FL Zip Code **32301**

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 *Suzanne W. Harrison*
 Signature typed or printed name of registered agent and title if applicable.

**SUZANNE W. HARRISON
 DIRECTOR OF ACCOUNTING**

3/29/01
 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, 2001 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD VANBEURDEN, WILLIAM J 12950 WILLOW BLUFF CLOVIS CA 93611	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MCINTOSH, ROBERT M 1301 BRITTANY CROSS RD. SANTA ANA CA 92705	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSCO WIGH, STEVEN C 39960 KINGS RIVER DR. KINGSBURG CA 93631	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO CULLEN, LAURA 824 E NORMAL AVE FRESNO CA 93704	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Laura Cullen* CFO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/01
 Date

559-271-4800
 Daytime Phone #

CR2E034 (10/00)