

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000060840

Entity Name: ACCELL GLOBAL RISK SOLUTIONS, INC.**Current Principal Place of Business:**200 CENTRAL AVENUE
SUITE 2105
ST PETERSBURG, FL 33701**Current Mailing Address:**PO BOX 24085
SAN JOSE, CA 95154**FEI Number: 27-0563229****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MEYERS, GERALD F
200 CENTRAL AVENUE
SUITE 2105
ST PETERSBURG, FL 33701 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	PRES
Name	MEYERS, GERALD F
Address	200 CENTRAL AVENUE SUITE 2105
City-State-Zip:	ST PETERSBURG FL 33701

Title	D
Name	HIESTAND, CHRISTOPHER
Address	4806 W. GANDY BLVD.
City-State-Zip:	TAMPA FL 33611

Title	D
Name	KUCERA, DANIELLE
Address	200 CENTRAL AVENUE SUITE 2105
City-State-Zip:	ST PETERSBURG FL 33701

Title	VP
Name	VALENCIANO, JR, ROBERTO
Address	200 CENTRAL AVENUE SUITE 2105
City-State-Zip:	ST PETERSBURG FL 33701

Title	D
Name	COLLINS, DANIEL
Address	200 CENTRAL AVENUE SUITE 2105
City-State-Zip:	ST PETERSBURG FL 33701

Title	D
Name	LEE, KEVIN
Address	200 CENTRAL AVENUE SUITE 2105
City-State-Zip:	ST PETERSBURG FL 33701

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: CHRISTOPHER HIESTAND**MGR****02/17/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date