

No. C 141915		Due no later than Dec 30, 2005		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form 1. Mailing Address: Correct in this box if needed. GAB ROBINS RISK MANAGEMENT SERVICES, INC. E J ROMANI 9 CAMPUS DR STE 7 PARSIPPANY NJ 07054 0000		NATIONAL REGISTERED AGENTS 1423 TYRELL LN BOISE ID 83706 0000			
				3. <u>New</u> Registered Agent Signature:*			
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
DIRECTOR	JUN TSUSAKA	9 CAMPUS DRIVE SUITE 7	PARSIPPANY	NJ	USA	07054	
PRESIDENT	PAUL BODE	9 CAMPUS DRIVE SUITE 7	PARSIPPANY	NJ	USA	07054	
SECRETARY	JAMES P. ARNOLD	9 CAMPUS DRIVE SUITE 7	PARSIPPANY	NJ	USA	07054	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
DELAWARE C 141915		Signature: EJ Romani		Date: 11/01/2005			
		Name (type or print): EJ Romani		Title: Assistant Secretary			
Processed 11/01/2005		* Electronically provided signatures are accepted as original signatures.					