

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 841134

FILED
Mar 26, 2003
Secretary of State

Entity Name: OCTAGON RISK SERVICES, INC.

Current Principal Place of Business:

385 WASHINGTON STREET
ST PAUL, MN 55102 US

New Principal Place of Business:

Current Mailing Address:

385 WASHINGTON STREET
ST PAUL, MN 55102 US

New Mailing Address:

FEI Number: 41-1224875 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: BROWN, STEPHEN
Address: 385 WASHINGTON ST
City-St-Zip: ST. PAUL, MN 55102

Title: S () Delete
Name: BACKBERG, BRUCE A
Address: 385 WASHINGTON ST.
City-St-Zip: ST. PAUL, MN 55102

Title: VT () Delete
Name: MCDONOUGH, PAUL H
Address: 385 WASHINGTON ST
City-St-Zip: SAINT PAUL, MN 55102

Title: DC () Delete
Name: YESSMAN, TIMOTHY M
Address: 385 WASHINGTON ST.
City-St-Zip: ST PAUL, MN 55102

Title: D () Delete
Name: FRANCIS, CHARLES
Address: 385 WASHINGTON ST
City-St-Zip: SAINT PAUL, MN 55102

Title: V () Delete
Name: TREACY, JOHN C
Address: 385 WASHINGTON ST
City-St-Zip: SAINT PAUL, MN 55102

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: BROWN, STEPHEN
Address: 2102 WEBSTER STREET STE. 900
City-St-Zip: OAKLAND, CA 94612

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: FRANCIS, CHARLES
Address: 3003 BUTTERFIELD RD STE 180
City-St-Zip: OAKBROOK, IL 06523

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: BRUCE A. BACKBERG

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03/26/2003

Electronic Signature of Signing Officer or Director

Date