

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**


4/19/2007-90418-020-\$61.25-\$61.25

2007 APR 25 AM 10: 07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # F04000005101**

1. Entity Name  
**WORKERS COMPENSATION RESEARCH INSTITUTE INCORPORATED**



Principal Place of Business: **955 MASSACHUSETTS AVE. CAMBRIDGE, MA 02139**

Mailing Address: **955 MASSACHUSETTS AVE. CAMBRIDGE, MA 02139**

**DO NOT WRITE IN THIS SPACE**



01052007 No Chg-P CR2E034 (11/05)

4. FEI Number **36-3264285** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**AGENTS AND CORPORATIONS INC.  
773 4TH AVE. NORTH  
SUITE E  
NAPLES, FL 34102**

**DO NOT WRITE IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

**FILE NOW!!! FEB-19 \$100.00 After May 1, 2007 Fee will be \$650.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CH STEGGERT, ROBERT B 955 MASSACHUSETTS AVE. CAMBRIDGE, MA 02139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WALTON, RONALD JR. 855 MASSACHUSETTS AVE. CAMBRIDGE, MA 02139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MCPARTLAND, PETER 955 MASSACHUSETTS AVE. CAMBRIDGE, MA 02139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LANGNER, KATHLEEN 955 MASSACHUSETTS AVE. CAMBRIDGE, MA 02139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TANABE, RAMONA P 955 MASSACHUSETTS AVENUE CAMBRIDGE, MA 02139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>B 5/3/07</i>

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 appointed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **EXECUTIVE DIRECTOR** *4/5/07* *417-461-9874*

\_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #