

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000005101

FILED
Jan 04, 2008
Secretary of State

Entity Name: WORKERS COMPENSATION RESEARCH INSTITUTE INCORPORATED

Current Principal Place of Business:

955 MASSACHUSETTS AVE.
CAMBRIDGE, MA 02139

New Principal Place of Business:

Current Mailing Address:

955 MASSACHUSETTS AVE.
CAMBRIDGE, MA 02139

New Mailing Address:

FEI Number: 36-3264285 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

AGENTS AND CORPORATIONS INC.
300 FIFTH AVENUE SOUTH
SUITE 101-330
NAPLES, FL 34102 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

OFFICERS AND DIRECTORS:

Title: CH () Delete
Name: STEGGERT, ROBERT B
Address: 955 MASSACHUSETTS AVE.
City-St-Zip: CAMBRIDGE, MA 02139

Title: V () Delete
Name: WALTON, RONALD JR.
Address: 955 MASSACHUSETTS AVE.
City-St-Zip: CAMBRIDGE, MA 02139

Title: V () Delete
Name: MCPARTLAND, PETER
Address: 955 MASSACHUSETTS AVE.
City-St-Zip: CAMBRIDGE, MA 02139

Title: T () Delete
Name: LANGNER, KATHLEEN
Address: 955 MASSACHUSETTS AVE.
City-St-Zip: CAMBRIDGE, MA 02139

Title: S (X) Delete
Name: TANABE, RAMONA P
Address: 955 MASSACHUSETTS AVENUE
City-St-Zip: CAMBRIDGE, MA 02139 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: V (X) Change () Addition
Name: LANGER, KATHLEEN
Address: 955 MASSACHUSETTS AVE.
City-St-Zip: CAMBRIDGE, MA 02139

Title: T (X) Change () Addition
Name: MCPARTLAND, PETER
Address: 955 MASSACHUSETTS AVE.
City-St-Zip: CAMBRIDGE, MA 02139

Title: S (X) Change () Addition
Name: TANABE, RAMONA P
Address: 955 MASSACHUSETTS AVENUE
City-St-Zip: CAMBRIDGE, MA 02139

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RAMONA P. TANABE

S

01/04/2008

Electronic Signature of Signing Officer or Director

_____ Date