

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**FILED
Oct 02, 2009
Secretary of State**

DOCUMENT# F04000005101

Entity Name: WORKERS COMPENSATION RESEARCH INSTITUTE INCORPORATED

Current Principal Place of Business:

955 MASSACHUSETTS AVE.
CAMBRIDGE, MA 02139

New Principal Place of Business:

955 MASSACHUSETTS AVE.
6TH FLOOR
CAMBRIDGE, MA 02139

Current Mailing Address:

955 MASSACHUSETTS AVE.
CAMBRIDGE, MA 02139

New Mailing Address:

955 MASSACHUSETTS AVE.
6TH FLOOR
CAMBRIDGE, MA 02139

FEI Number: 36-3264285 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

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

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: CH (X) Change () Addition
Name: LANGNER, KATHY
Address: 955 MASSACHUSETTS AVE.
City-St-Zip: CAMBRIDGE, MA 02139

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

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

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

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

Title: S () Delete
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 TANABE

MS.

10/02/2009

Electronic Signature of Signing Officer or Director

Date