## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F08000001322

Entity Name: RSC INSURANCE BROKERAGE, INC

FILED May 14, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:				
160 FEDEERAL STREET BOSTON, MA 02110				160 FEDERAL STREET 2ND FLOOR BOSTON, MA 02110				
Current Mailing Address:				New Mailing Address:				
160 FEDEERAL STREET BOSTON, MA 02110				160 FEDERAL STREET 2ND FLOOR BOSTON, MA 02110				
FEI Number:	16-1689464	FEI Number Applied For ( )	FEI Num	ber Not Appli	cable ( )	Certifica	te of Status Desired ( )	
Name and	Address of C	urrent Registered Agent:		Name and	Address of N	ew Reg	istered Agent:	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 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.								
SIGNATUR	F <sup>.</sup>							
Electronic Signature of Registered Agent					Date			
		(2)(b), F.S., the corporation did not re	eceive th	ne prior notice	<b>.</b>			
Election Campaign Financing Trust Fund Contribution ( ).  OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	CP () CHRISTIAN, MIC 160 FEDERAL S BOSTON, MA 0	STREET		Title: Name: Address: City-St-Zip:	()	Change (	) Addition	
Title: Name: Address: City-St-Zip:	VC () MEDICI, FRANK 160 FEDERAL S BOSTON, MA 0	STREET		Title: Name: Address: City-St-Zip:	SD (X) GANGI, AUGUS 160 FEDERAL S BOSTON, MA 0	T J STREET	( ) Addition	
Title: Name: Address: City-St-Zip:	SD (X) GANAI, AUGUST 160 FEDERAL S BOSTON, MA 0	STREET		Title: Name: Address: City-St-Zip:	()	Change (	) Addition	
Title: Name: Address: City-St-Zip:	D (X) MAHONE, WILL 160 FEDERAL S BOSTON, MA 0	STREET		Title: Name: Address: City-St-Zip:	()	Change (	) Addition	
Title: Name: Address: City-St-Zip:	VP (X) VAGLICA, JOHN 160 FEDERAL S BOSTON, MA 0	STREET		Title: Name: Address: City-St-Zip:	()	Change (	)Addition	

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL B. CHRISTIAN CP 05/14/2009