

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000004222

FILED
Mar 29, 2011
Secretary of State

Entity Name: DEVONSHIRE INSURANCE AGENCY INC.

Current Principal Place of Business:

82 DEVONSHIRE ST.
BOSTON, MA 02109

New Principal Place of Business:

82 DEVONSHIRE ST. V5A
BOSTON, MA 02109

Current Mailing Address:

82 DEVONSHIRE ST.
BOSTON, MA 02109

New Mailing Address:

82 DEVONSHIRE ST. V5A
BOSTON, MA 02109

FEI Number: 04-2710779

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: PD
Name: CIMIMI, JEFFREY
Address: 82 DEVONSHIRE ST.
City-St-Zip: BOSTON, MA 02109

Title: VPD
Name: CUMMINGS, ROBERT J
Address: 82 DEVONSHIRE ST.
City-St-Zip: BOSTON, MA 02109

Title: VP
Name: HOLDEN, MARK
Address: 82 DEVONSHIRE ST.
City-St-Zip: BOSTON, MA 02109

Title: T
Name: MEI, MILES
Address: 82 DEVONSHIRE ST.
City-St-Zip: BOSTON, MA 02109

Title: S
Name: SHEA, EDWARD M
Address: 82 DEVONSHIRE ST.
City-St-Zip: BOSTON, MA 02109

Title: VP
Name: JOHNSON, WILLIAM J JR
Address: 82 DEVONSHIRE ST.
City-St-Zip: BOSTON, MA 02109

I hereby 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 all other like empowered.

SIGNATURE: MARK X. HOLDEN

VP

03/29/2011

Electronic Signature of Signing Officer or Director

Date