

2015 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000005101

**FILED
Feb 03, 2015
Secretary of State
CC1256695645**

Entity Name: WORKERS COMPENSATION RESEARCH INSTITUTE
INCORPORATED

Current Principal Place of Business:

955 MASSACHUSETTS AVE.
6TH FLOOR
CAMBRIDGE, MA 02139

Current Mailing Address:

955 MASSACHUSETTS AVE.
6TH FLOOR
CAMBRIDGE, MA 02139

FEI Number: 36-3264285

Certificate of Status Desired: No

Name and Address of Current 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: _____

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CHAIRPERSON
Name DONNELLY, VINCE
Address 955 MASSACHUSETTS AVE.
 6TH FLOOR
City-State-Zip: CAMBRIDGE MA 02139

Title VICE CHAIR
Name KRAL, JANINE
Address 955 MASSACHUSETTS AVE.
 6TH FLOOR
City-State-Zip: CAMBRIDGE MA 02139

Title SECRETARY
Name TANABE, RAMONA P
Address 955 MASSACHUSETTS AVENUE
City-State-Zip: CAMBRIDGE MA 02139

Title TREASURER
Name PATTERSON, DAVID K
Address 955 MASSACHUSETTS AVENUE
City-State-Zip: CAMBRIDGE MA 02139

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

SIGNATURE: RAMONA TANABE

**DEPUTY DIRECTOR &
COUNSEL**

02/03/2015

