

**2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F04000005072

**Entity Name:** AGERO ADMINISTRATIVE SERVICE CORP.**Current Principal Place of Business:**ONE CABOT ROAD 4TH FLR  
MEDFORD, MA 02155**Current Mailing Address:**ONE CABOT ROAD 4TH FLR  
MEDFORD, MA 02155**FEI Number:** 04-3130187**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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 CEO, PRESIDENT  
Name FERRICK, DAVID P  
Address ONE CABOT ROAD 4TH FLR  
City-State-Zip: MEDFORD MA 02155

Title VP, TREASURER  
Name GRAHAM, THOMAS P  
Address ONE CABOT ROAD 4TH FLR  
City-State-Zip: MEDFORD MA 02155

Title ASST. TREASURER  
Name FAULKNER, JAMES E  
Address ONE CABOT ROAD 4TH FLR  
City-State-Zip: MEDFORD MA 02155

Title CHAIRMAN, DIRECTOR  
Name WOLK, SIDNEY D  
Address ONE CABOT ROAD 4TH FLR  
City-State-Zip: MEDFORD MA 02155

Title VP, DIRECTOR  
Name WOLK, JEFFREY C  
Address ONE CABOT ROAD 4TH FLR  
City-State-Zip: MEDFORD MA 02155

Title VP, DIRECTOR  
Name WOLK, HOWARD L  
Address ONE CABOT ROAD 4TH FLR  
City-State-Zip: MEDFORD MA 02155

*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:** JAMES FAULKNER**ASSISTANT TREASURER 04/30/2013**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date