

2016 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 WARD, MARGARET G
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 E. FAULKNER**ASSISTANT TREASURER** 04/29/2016_____
Electronic Signature of Signing Officer/Director Detail_____
Date