

2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000004708

Entity Name: HERBERT H. LANDY INSURANCE AGENCY, INC.**Current Principal Place of Business:**100 RIVER RIDGE DRIVE
SUITE 301
NORWOOD, MA 02062**Current Mailing Address:**100 RIVER RIDGE DRIVE
SUITE 301
NORWOOD, MA 02062 US**FEI Number:** 04-2641145**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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	DP
Name	MAGNUSON, BETSY A
Address	33 HAYDEN DR
City-State-Zip:	FOXBORO MA 02035

Title	DIRECTOR
Name	KATZ, ALLAN
Address	2 CABOT PLACE
City-State-Zip:	STOUGHTON MA 02072

Title	T
Name	RASKIN, STEPHEN M
Address	1501 BEACON ST #1103
City-State-Zip:	BROOKLINE MA 02146

Title	DIRECTOR
Name	CANCELLIERI, ROBERT
Address	41 DONALD ROAD
City-State-Zip:	STOUGHTON MA 02072

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: BETSY MAGNUSON**PRESIDENT****01/13/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date