2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000004708

Entity Name: HERBERT H. LANDY INSURANCE AGENCY, INC.

Current Principal Place of Business:

75 SECOND AVE SUITE 410 NEEDHAM, MA 02494

Current Mailing Address:

75 SECOND AVE SUITE 410 NEEDHAM, MA 02494

FEI Number: 04-2641145

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 US Certificate of Status Desired: Yes

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

Officer/Director Detail :

| Title | DP | Title | Т |
|-----------------|------------------------|-----------------|----------------------|
| Name | MAGNUSON, BETSY A | Name | RASKIN, STEPHEN M |
| Address | 33 HAYDEN DR | Address | 1501 BEACON ST #1103 |
| City-State-Zip: | FOXBORO MA 02035 | City-State-Zip: | BROOKLINE MA 02146 |
| Title | D | Title | D |
| Name | LANDY, HERBERT H | Name | LANDY, LEAH |
| Address | 10 LONGWOOD DR STE 260 | Address | 10 LONGWOOD DR |
| City-State-Zip: | WESTWOOD MA 02090 | City-State-Zip: | WESTWOOD MA 02090 |
| | | | |
| Title | D | | |
| Name | CATALDO, ROBERT | | |
| Address | 30 SOLOMON PIERCE RD | | |
| | | | |

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

City-State-Zip: LEXINGTON MA 02173

PRESIDENT

01/04/2013

Electronic Signature of Signing Officer/Director Detail

Date

FILED Jan 04, 2013 Secretary of State CC9257401222