

**2021 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:**REGISTERED AGENT SOLUTIONS, INC.  
155 OFFICE PALAZA DR SUITE A  
TALLAHASSEE, FL 32301 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

02/04/2021

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date