

**2019 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**

**04/08/2019**

Electronic Signature of Signing Officer/Director Detail

Date