

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008 8:00 am
Secretary of State

04-29-2008 90102 001 ***600.00

66000003



04152008 Chg-P CR2E034 (12/06)

4. FEI Number
04-2217600 Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	VT	<input checked="" type="checkbox"/> Delete
NAME	MCGIVNEY, MARK C	
STREET ADDRESS	440 LINCOLN ST	
CITY-ST-ZIP	WORCESTER, MA 01605	
TITLE	DV	<input type="checkbox"/> Delete
NAME	HUBER, J. KENDALL	
STREET ADDRESS	440 LINCOLN ST	
CITY-ST-ZIP	WORCESTER, MA 01605	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	PARRY, EDWARD J III	
STREET ADDRESS	440 LINCOLN ST	
CITY-ST-ZIP	WORCESTER, MA 01605	
TITLE	DV	<input type="checkbox"/> Delete
NAME	TRANter, GREGORY D	
STREET ADDRESS	440 LINCOLN ST	
CITY-ST-ZIP	WORCESTER, MA 01605	
TITLE	C	<input type="checkbox"/> Delete
NAME	EPPINGER, FREDERICK H	
STREET ADDRESS	440 LINCOLN ST	
CITY-ST-ZIP	WORCESTER, MA 01605	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Chad B. Date 4/23/08 Daytime Phone # _____

ATTACHMENT

66009634

2008 UNIFORM BUSINESS REPORT

DOCUMENT # 812602

Massachusetts Bay Insurance Company

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE:	DP
NAME:	Marita Zuraitis
STREET ADDRESS:	440 Lincoln Street
CITY-ST-ZIP:	Worcester, MA 01605

TITLE:	S
NAME:	Charles F. Cronin
STREET ADDRESS:	440 Lincoln Street
CITY-ST-ZIP:	Worcester, MA 01605

TITLE:	DV
NAME:	David J. Firstenburg
STREET ADDRESS:	440 Lincoln Street
CITY-ST-ZIP:	Worcester, MA 01605

TITLE:	D
NAME:	Bryan D. Allan
STREET ADDRESS:	440 Lincoln Street
CITY-ST-ZIP:	Worcester, MA 01605

TITLE:	D
NAME:	Eugene M. Bullis
STREET ADDRESS:	440 Lincoln Street
CITY-ST-ZIP:	Worcester, MA 01605

ADDITION

TITLE:	TV
NAME:	Robert P. Myron
STREET ADDRESS:	440 Lincoln Street
CITY-ST-ZIP:	Worcester, MA 01605

ADDITION

TITLE:	VD
NAME:	James S. Hyatt
STREET ADDRESS:	440 Lincoln Street
CITY-ST-ZIP:	Worcester, MA 01605

ADDITION