


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 05, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 821734</b> 1. Entity Name <b>FACTORY MUTUAL INSURANCE COMPANY</b>	
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<b>Principal Place of Business</b> 1301 ATWOOD AVENUE JOHNSTON, RI 02919	<b>Mailing Address</b> 1301 ATWOOD AVENUE JOHNSTON, RI 02919
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06302005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>05-0316605</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**DO NOT WRITE IN THIS SPACE**

<b>6. Name and Address of Current Registered Agent</b>  HUNT, JOHN E., JR 325 KNOX ROAD BLDG. G, SUITE 101 TALLAHASSEE, FL 32303
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00  
Due by September 7, 2005**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SUBRAMANIAM, SHIVAN S. 155 GROTTO AVE PROVIDENCE, RI 02906
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS POMEROY, JOHN J. 190 PHEASANT RUN SAUNDERSTOWN, RI 02874
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VT MEKRUT, WILLIAM A 4 FAIR OAKS DR LINCOLN, RI
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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07/05/05-80003-015 150.00

**DO NOT WRITE  
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  **John J. Pomeroy** 6/30/05 401-275-3000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #