

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 02, 2001 8:00 am**  
**Secretary of State**

0440422

**DOCUMENT # 837645**

1. Entity Name

**COMMERCIAL UNION RISK MANAGEMENT, INC.**

02-02-2001 90288 049 \*\*\*150.00

Principal Place of Business

Mailing Address

**ONE BEACON STREET  
 B10-01  
 BOSTON MA 02108**

**ONE BEACON STREET  
 B10-01  
 BOSTON MA 02108**

00011000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**04-2562637**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TALMADGE, CARL P  
 3751 MCGUIRE BLVD  
 ORLANDO FL 32814-7575**

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.

SIGNATURE \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00  
 After MAY 1, 2001 Fee will be \$550.00  
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|  |   |  |
|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>P</b><br><b>JORDAN, RICHARD A.</b><br><b>14 NATHANIAL DR.</b><br><b>AMERHEST, NH.</b>              | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>AT</b><br><b>PERLMAN, ROBERT M.</b><br><b>1 BEACON ST</b><br><b>BOSTON MA 02108</b>                | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>S</b><br><b>SMITH, DENNIS R</b><br><b>1 BEACON ST</b><br><b>BOSTON MA 02108</b>                    | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>T</b><br><b>MIRTLE, RICHARD C</b><br><b>1 BEACON ST</b><br><b>BOSTON MA 02108</b>                  | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>AS</b><br><b>SMITH, DENNIS R</b><br><b>1 BEACON ST</b><br><b>BOSTON MA 02108</b>                   | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>AVP</b><br><b>PAGANINI, KENNETH J</b><br><b>17 STATE ST 16TH FLOOR</b><br><b>NEW YORK NY 10004</b> | <input checked="" type="checkbox"/> Delete |

|  |   |  |
|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>President</b><br><b>George Y. Tsui</b><br><b>436 Walnut Street</b><br><b>Philadelphia, PA 19106</b>  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>Director</b><br><b>Robert C. Gowdy</b><br><b>One Beacon Street</b><br><b>Boston, MA 02108</b>        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>Director</b><br><b>Charles R. Fitzpatrick</b><br><b>One Beacon Street</b><br><b>Boston, MA 02108</b> | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>Treasurer</b><br><b>Richard C. Hirtle</b><br><b>One Beacon Street</b><br><b>Boston, MA 02108</b>     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>Director</b><br><b>Roger M. Singer</b><br><b>One Beacon Street</b><br><b>Boston, MA 02108</b>        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>Director</b><br><b>Richard S. Banas</b><br><b>One Beacon Street</b><br><b>Boston, MA 02108</b>       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*Dennis R. Smith*

**Dennis R. Smith, Secretary**

**617-725-6000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)