

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2002 8:00 am
Secretary of State

02-28-2002 90019 028 ***150.00

DOCUMENT # 847276

1. Entity Name
NATIONAL EMPLOYERS COMPANY

Principal Place of Business

**THREE CENTER PLAZA
 SUITE 500
 BOSTON MA 02108**

Mailing Address

**THREE CENTER PLAZA
 SUITE 500
 BOSTON MA 02108**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**15 BROAD ST., SUITE 200
 SUITE 200**

3. Mailing Address

**15 BROAD STREET
 SUITE 200**

City & State
BOSTON, MA.

Zip
02109

Country
SOFFORK

City & State
BOSTON, MA.

Zip
02109

Country
SOFFORK

4. FEI Number
06-0921624

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**RILEY, MICHAEL
 935 N.E. 62 STREET
 FT. LAUDERDALE FL 33334**

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.

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, 2002 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

TITLE **P** ☐ Delete
 NAME **MURPHY, EDWARD J SR.**
 STREET ADDRESS **18 LOCUST WAY**
 CITY-ST-ZIP **NAHANT MA 01908**

TITLE **D** ☐ Delete
 NAME **MURPHY, TERRANCE**
 STREET ADDRESS **200 RESERVOIR ROAD**
 CITY-ST-ZIP **CHESTNUT HILL MA 02167**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 STREET ADDRESS
 CITY-ST-ZIP

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: **X** **Edward J. Murphy** 2/14/02 (617) 713-4400
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)