

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000002044

FILED
Mar 05, 2004
Secretary of State

Entity Name: GREENWOOD INTERNATIONAL INSURANCE SERVICES, INC.

Current Principal Place of Business:

77 MAIN STREET, 3RD FL
HOPKINTON, MA 01748

New Principal Place of Business:

Current Mailing Address:

77 MAIN STREET, 3RD FL
HOPKINTON, MA 01748

New Mailing Address:

FEI Number: 04-3524319

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCD () Delete
Name: BOISVERT, DANIEL G
Address: 77 MAIN STREET
City-St-Zip: HOPKINTON, MA

Title: VSTD () Delete
Name: SULLIVAN, JOSEPH W
Address: 77 MAIN STREET
City-St-Zip: HOPKINTON, MA

Title: D () Delete
Name: COLLINS, JOHN B
Address: 8300 NORMAN CENTER DR., STE 1
City-St-Zip: MINNEAPOLIS, MN

Title: D () Delete
Name: BURKE, DANIEL J
Address: 8300 NORMAN CENTER DR STE 1
City-St-Zip: MINNEAPOLIS, MN 55437

Title: D () Delete
Name: DENZER, PATRICK J
Address: 8300 NORMAN CENTER DR
City-St-Zip: MINNEAPOLIS, MN

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: JOSEPH W. SULLIVAN

VSTD

03/05/2004

Electronic Signature of Signing Officer or Director

Date