2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2006
Secretary of State

DOCUMENT# F01000002044

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:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 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: SHARMA, VIBHU R
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: PCD (X) Change ( ) Addition
Name: BOISVERT, DANIEL G
Address: 77 MAIN STREET
City-St-Zip: HOPKINTON, MA 01748

Title: VSTD (X) Change ( ) Addition
Name: SULLIVAN, JOSEPH W
Address: 77 MAIN STREET
City-St-Zip: HOPKINTON, MA 01748

Title: D (X) Change ( ) Addition
Name: COLLINS, JOHN B
Address: 8300 NORMAN CENTER DR., STE 1
City-St-Zip: MINNEAPOLIS, MN 55437

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

Title: D (X) Change ( ) Addition
Name: DENZER, PATRICK J
Address: 8300 NORMAN CENTER DR
City-St-Zip: MINNEAPOLIS, MN 55437

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 WILLIAM SULLIVAN VSTD 01/09/2006

Electronic Signature of Signing Officer or Director — Date