## 2011 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# F01000002044

FILED Jun 14, 2011 Secretary of State

Entity Name: GREENWOOD INTERNATIONAL INSURANCE SERVICES, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

225 FRANKLIN STREET **SUITE 1201** BOSTON, MA 02110

**Current Mailing Address: New Mailing Address:** 

225 FRANKLIN STREET **SUITE 1201** BOSTON, MA 02110

FEI Number: 04-3524319 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

NRAI SERVICES, INC 515 E. PARK AVENUE TALLAHASSEE, FL 32301

US

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

## **OFFICERS AND DIRECTORS:**

Title:

BOISVERT, DANIEL G Name:

225 FRANKLIN STREET, SUITE 1201 Address:

City-St-Zip: BOSTON, MA 02110

Title: COO

Name: SULLIVAN, JOSEPH W

225 FRANKLIN STREET, SUITE 1201 Address:

BOSTON, MA 02110 City-St-Zip:

Title: PD

FOLEY, JOHN P Name: 601 POYDRAS STREET Address: City-St-Zip: NEW ORLEANS, LA 70130

Title: TD

HOGAN, JONATHAN Name: Address: 601 POYDRAS STREET City-St-Zip: NEW ORLEANS, LA 70130

Title: SD

Name: LAGRONE, DANIEL E 601 POYDRAS STREET Address: City-St-Zip: NEW ORLEANS, LA 70130

Title:

Name: MELOCH, MICHAEL

3810 PHEASANT RIDGE DRIVE Address: City-St-Zip: MINNEAPOLIS, MN 55449

I hereby 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 all other like empowered.

SIGNATURE: JOSEPH W SULLIVAN COO 06/14/2011