

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90166 038 \*\*\*150.00

DOCUMENT # **F01000003558** ✓

1. Entity Name

Hereford Insurance Agency, Inc.

**DO NOT WRITE IN THIS SPACE**

**656462**

2. Principal Place of Business

**501 Boylston Street**

Suite, Apt. #, etc.  
**n/a**

City & State

**Boston, MA**

Zip  
**02117**

Country  
**USA**

3. Mailing Address

**501 Boylston Street**

Suite, Apt. #, etc.  
**n/a**

City & State

**Boston, MA**

Zip

**02117**

Country  
**USA**

4. FEI Number

**04-3258686**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name  
**CT Corporation System**

Street Address (P.O. Box Number is Not Acceptable)

**1200 South Pine Island Road**

City

**Plantation**

**FL**

Zip Code  
**33324**

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.

**N/A**

SIGNATURE

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

(NOTE: Registered Agent signature required when transferring)

DATE

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



January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing  
Trust Fund Contribution. ☐

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

11. See attachment OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
	President and Treasurer		
	Genevieve C. Martin		
	501 Boylston Street		
	Boston, MA 02117		
TITLE	Vice President		
NAME	William F. Cummings		
STREET ADDRESS	501 Boylston Street, Boston, MA		
CITY - ST - ZIP	02117		
TITLE	Vice President		
NAME	Liam Ricahrd Carlton		
STREET ADDRESS	501 Boylston Street		
CITY - ST - ZIP	Boston, MA 02117		
TITLE	Secretary/Clerk		
NAME	Stephen J. McLaughlin		
STREET ADDRESS	501 Boylston Street		
CITY - ST - ZIP	Boston, MA 02117		
TITLE	Asst. Treasurer		
NAME	Steven J. Brash		
STREET ADDRESS	One Madison Avenue		
CITY - ST - ZIP	New York, NY 10010		
TITLE	Asst. Treasurer		
NAME	Leon R. Brown		
STREET ADDRESS	One Madison Avenue, NY, NY 10010		
CITY - ST - ZIP			

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**DO NOT WRITE  
IN THIS SPACE**

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Genevieve C. Martin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Genevieve C. Martin

Date

**4/25/02**

Daytime Phone

**617-578-1173**