

**2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 10, 2004 8:00 am**  
**Secretary of State**

03-10-2004 90031 015 \*\*\*150.00

**DOCUMENT # F01000003558**

1. Entity Name

HEREFORD INSURANCE AGENCY, INC.



Principal Place of Business

501 BOYLSTON STREET  
 BOSTON MA 02117

Mailing Address

501 BOYLSTON STREET  
 BOSTON MA 02117

34061000



MOORE CR2E034 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

04-3258586

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.

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

10. OFFICERS AND DIRECTORS

TITLE	PT	<input checked="" type="checkbox"/> Delete
NAME	MARTIN, GENEVIEVE C	
STREET ADDRESS	399 BOYLSTON STREET	
CITY-ST-ZIP	BOSTON MA 02116	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	MCLAUGHLIN, STEPHEN J	
STREET ADDRESS	501 BOYLSTON STREET	
CITY-ST-ZIP	BOSTON MA 02117	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	CUMMINGS, WILLIAM F	
STREET ADDRESS	501 BOYLSTON STREET	
CITY-ST-ZIP	BOSTON MA 02117	
TITLE	AT	<input type="checkbox"/> Delete
NAME	BRASH, STEVEN J	
STREET ADDRESS	ONE MADISON AVENUE	
CITY-ST-ZIP	NEW YORK NY 10010	
TITLE	AT	<input type="checkbox"/> Delete
NAME	BROWN, LEO R	
STREET ADDRESS	ONE MADISON AVENUE	
CITY-ST-ZIP	NEW YORK NY 10010	
TITLE	AT	<input checked="" type="checkbox"/> Delete
NAME	HARRISON, GREGORY	
STREET ADDRESS	ONE MADISON AVENUE	
CITY-ST-ZIP	NEW YORK NY 10010	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Vice President	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	David Decker	
STREET ADDRESS	260 Madison Avenue	
CITY-ST-ZIP	New York, NY 10016	
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Armad Hidirah	
STREET ADDRESS	501 Boylston Street	
CITY-ST-ZIP	Boston, MA 02117	
TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kimberly Kirsopp	
STREET ADDRESS	485-E US Highway, 1 South, S. 370	
CITY-ST-ZIP	Iselin, NJ 08830	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John F. Bohinski	
STREET ADDRESS	485-E US Highway 1 South, S. 370	
CITY-ST-ZIP	Iselin, NJ 08830	
TITLE	Asst. Sec. Asst. Clerk	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Stephen P. Houlihan	
STREET ADDRESS	501 Boylston Street	
CITY-ST-ZIP	Boston, MA 02117	
TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gregory Harrison	
STREET ADDRESS	2701 Queens Plaza North	
CITY-ST-ZIP	Long Island City, NY 11101	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Stephen P. Houlihan*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/2/2004 617-588-2439*  
 Date Daytime Phone #

# Attachment

Officers and Directors  
Hereford Insurance Agency, Inc.  
Boston, MA

# F01000003558

## Names and Addresses of Officers

### 1. Vice President

David Decker

Home Address: 8 Jefferson Road  
East Brunswick, NJ 08816  
Office Address: c/o Metropolitan Life Insurance Company  
260 Madison Avenue  
New York, NY 10016

### 2. Vice President

Kimberly B. Kirsopp

Home Address: 406 Camden Ct.  
Lanoka Harbor, NJ 08734  
Office Address: c/o Metropolitan Life Insurance Company  
485-E US Highway 1 South  
Suite 370  
Iselin NJ 08830

### 3. Vice President

Bette Skandalis

Home Address: 24 Russell Street  
Cambridge, MA 02140  
Office Address: c/o New England Life Insurance Company  
501 Boylston Street  
Boston, MA 02117

### 4. Secretary/Clerk

Armad Hidirshah

Home Address: 9 Cloverfield Drive  
Andover, MA 01810  
Office Address: c/o New England Life Insurance Company  
501 Boylston Street  
Boston, MA 02117

### 5. Assistant Secretary/Assistant Clerk

Dionne L. Sutton

Home Address: 70 Coffin Street  
West Newbury, MA 01985  
Office Address: c/o New England Life Insurance Company  
501 Boylston Street  
Boston, MA 02117

*Attachment*

6. Assistant Secretary/Assistant Clerk

Stephen P. Houlihan

Home Address: 22 Alprilla Farm Rd  
Hopkinton, MA 01748

Office Address: c/o New England Life Insurance Company  
501 Boylston Street  
Boston, MA 02117

# Fd/000003558

7. Treasurer

Gregory Harrison

Home Address: 10 Ann Drive No.  
Freeport, NY 11520

Office Address: c/o Metropolitan Life Insurance Company  
1 MetLife Plaza  
27-01 Queens Plaza North  
Long Island City, NY 11101

8. Assistant Treasurers

Steven J. Brash

Home Address: 332 E. 84th Street  
New York, NY 10028

Office Address: c/o Metropolitan Life Insurance Company  
1 MetLife Plaza  
27-01 Queens Plaza North  
Long Island City, NY 11101

Leo R. Brown

Home Address: 20 Valley Road  
Glen Rock, NJ 02452

Office Address: c/o Metropolitan Life Insurance Company  
1 MetLife Plaza  
27-01 Queens Plaza North  
Long Island City, NY 11101

Name and Address of Director

John F. Bohinski

Home Address: 1 Van Doran Ct.  
Middletown, NJ 07748

Office Address: c/o Metropolitan Life Insurance Company  
485-E US Highway 1 South  
Suite 370  
Iselin NJ 08830