

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000005292

FILED
Jul 02, 2008
Secretary of State

Entity Name: CHICKERING BENEFIT PLANNING INSURANCE AGENCY, INC.

Current Principal Place of Business:

1 CHARLES PARK
CAMBRIDGE, MA 021421254

New Principal Place of Business:

Current Mailing Address:

151 FARMINGTON AVE.
W101
HARTFORD, CT 06156

New Mailing Address:

FEI Number: 04-2708160 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
C/O CT 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FISHBEIN, DANIEL R
Address: ONE MONUMENT SQUARE
City-St-Zip: S. PORTLAND, ME 04101

Title: S () Delete
Name: LEE, EDWARD C
Address: 151 FARMINGTON AVE.
City-St-Zip: HARTFORD, CT 06156

Title: T () Delete
Name: QUIRK, ALFRED P JR
Address: 151 FARMINGTON AVE.
City-St-Zip: HARTFORD, CT 06156

Title: D () Delete
Name: WEBB, JOHN J
Address: 11675 GREAT OAK WAY
City-St-Zip: ALPHARETTA, GA 30022

Title: D () Delete
Name: BONNER, MARY C
Address: 99 PARK AVE.
City-St-Zip: NEW YORK, NY 10016

Title: CFO () Delete
Name: WALKER, SCOTT R
Address: 151 FARMINGTON AVE
City-St-Zip: HARTFORD, CT 06156

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SILVA, PAUL V
Address: ONE CHARLES PARK
City-St-Zip: CAMBRIDGE, MA 02142

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: VP (X) Change () Addition
Name: PEASE, MARYELLEN
Address: ONE CHARLES PARK
City-St-Zip: CAMBRIDGE, MA 02142

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

I hereby certify that the information supplied with this filing does not qualify 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: EDWARD C. LEE

Electronic Signature of Signing Officer or Director

SECY

07/02/2008

Date