2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2010
Secretary of State

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Entity Name: WORKERS COMPENSATION RESEARCH INSTITUTE INCORPORATED

Current Principal Place of Business:

955 MASSACHUSETTS AVE.
6TH FLOOR
CAMBRIDGE, MA 02139

New Principal Place of Business:

Current Mailing Address:

955 MASSACHUSETTS AVE.
6TH FLOOR
CAMBRIDGE, MA 02139

New Mailing Address:

FEI Number: 36-3264285 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

AGENTS AND CORPORATIONS INC.
300 FIFTH AVENUE SOUTH
SUITE 101-330
NAPLES, FL 34102 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

OFFICERS AND DIRECTORS:

Title: CH
Name: LANGNER, KATHY
Address: 955 MASSACHUSETTS AVE.
City-St-Zip: CAMBRIDGE, MA 02139

Title: V
Name: FENLON, MICHAEL
Address: 955 MASSACHUSETTS AVE.
City-St-Zip: CAMBRIDGE, MA 02139

Title: T
Name: DONNELLY, VINCE
Address: 955 MASSACHUSETTS AVE.
City-St-Zip: CAMBRIDGE, MA 02139

Title: S
Name: TANABE, RAMONA P
Address: 955 MASSACHUSETTS AVENUE
City-St-Zip: CAMBRIDGE, MA 02139

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: RAMONA TANABE MS 01/22/2010

Electronic Signature of Signing Officer or Director — Date