

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2008 8:00 am
Secretary of State

04-03-2008 90021 033 ***150.00

DOCUMENT # F06000002255

1. Entity Name
VERTEX ENVIRONMENTAL INSURANCE SERVICES, INC.



Principal Place of Business
**400 LIBBEY PARKWAY
WEYMOUTH, MA 02189-3134**

Mailing Address
**400 LIBBEY PARKWAY
WEYMOUTH, MA 02189-3134**

2. Principal Place of Business - No P.O. Box #

398 Libbey Parkway

Suite, Apt. #, etc.

3. Mailing Address

398 Libbey Parkway

Suite, Apt. #, etc.

City & State

Weymouth, MA

Zip

02189

Country

City & State

Weymouth, MA

Zip

02189

Country

03272008

Chg-P

CR2E034 (12/06)

4. FEI Number

20-3724471

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **C** ☐ Delete
NAME **MCCONNELL, WILLIAM JR**
STREET ADDRESS **400 LIBBEY PARKWAY**
CITY-ST-ZIP **WEYMOUTH, MA 021893134**

TITLE **D** ☐ Delete
NAME **O'BRIEN, JAMES B**
STREET ADDRESS **400 LIBBEY PARKWAY**
CITY-ST-ZIP **WEYMOUTH, MA 021893134**

TITLE **DPS** ☐ Delete
NAME **PICARD, JEFFREY**
STREET ADDRESS **400 LIBBEY PARKWAY**
CITY-ST-ZIP **WEYMOUTH, MA 021893134**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **398 Libbey Parkway**
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **398 Libbey Parkway**
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 files empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/08

Date

617-922-0116

Daytime Phone #