2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2008
Secretary of State

DOCUMENT# F06000003921

Entity Name: AP INSURANCE, INC.

Current Principal Place of Business:

31 MILK STREET
BOSTON, MA 02109

New Principal Place of Business:

Current Mailing Address:

31 MILK STREET
BOSTON, MA 02109

New Mailing Address:

FEI Number: 20-0708459 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HATCH, JOHN D ESQ.
1267 BERKSHIRE LANE
SUITE 200
TARPON SPRINGS, FL 34688 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: O ( ) Delete
Name: AP INSURANCE LLC,
Address: 31 MILK STREET
City-St-Zip: BOSTON, MA 02109

Title: P ( ) Delete
Name: BLACK, WILLIAM A JR.
Address: 14 HAYDEN CIRCLE
City-St-Zip: SUDBURY, MA

Title: T ( ) Delete
Name: BRACH, GARY
Address: 134 DEDHAM STREET
City-St-Zip: DOVER, MA 02030

Title: S ( ) Delete
Name: HAUCK, STEVEN
Address: 320 WESTERN AVE.
City-St-Zip: SHERBORN, MA 01770

Title: S (X) Delete
Name: ARNOLD, CHRISTOPHER ASST.
Address: 70 BROWNFIELD DRIVE
City-St-Zip: BRIDGEWATER, MA 02324

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: WILLIAM A BLACK JR P 02/07/2008

Electronic Signature of Signing Officer or Director — Date