

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000000234

FILED
Mar 20, 2009
Secretary of State

Entity Name: SENTINEL BENEFITS GROUP, INC.

Current Principal Place of Business:

55 WALKERS BROOK DRIVE
SUITE 100
READING, MA 01867

New Principal Place of Business:

Current Mailing Address:

55 WALKERS BROOK DRIVE
SUITE 100
READING, MA 01867

New Mailing Address:

FEI Number: 04-3015875

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: ADOLF, RUEDIGER
Address: 257 CENTRAL PK W
City-St-Zip: NEW YORK, NY 10024

Title: P () Delete
Name: CARNEVALE, JOHN A
Address: 15 MORNINGSTAR CIRCLE
City-St-Zip: BOXFORD, MA 01921

Title: V () Delete
Name: MELTZER, JOSHUA E
Address: 38 CURTIS AVENUE
City-St-Zip: SOMERVILLE, MA 02144

Title: VP () Delete
Name: CARNEVALE, JAMES M
Address: 235 OLD CART WAY
City-St-Zip: NORTH ANDOVER, MA 01845

Title: T () Delete
Name: DIMASE, ROBERT M
Address: 1681 CENTRAL AVENUE
City-St-Zip: NEEDHAM, MA 02492

Title: VP () Delete
Name: KELEHER, MICHAEL P
Address: 100 FERN AVE
City-St-Zip: AMESBURY, MA 01913

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:

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: MICHAEL P. KELEHER

VP

03/20/2009

Electronic Signature of Signing Officer or Director

_____ Date