

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 11, 2002 8:00 am**  
**Secretary of State**

02-11-2002 90149 047 \*\*\*150.00

**DOCUMENT # F94000001989**

1. Entity Name  
**HELMSMAN INSURANCE AGENCY, INC.**

Principal Place of Business <b>3 GOPLEY PLACE          TOWER 3, 5TH FLOOR, SUITE 501          BOSTON MA 02116          US</b>	Mailing Address <b>3 GOPLEY PLACE          TOWER 3, 5TH FLOOR, SUITE 501          BOSTON MA 02116          US</b>
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2. Principal Place of Business <b>9 Riverside Road</b> Suite, Apt. #, etc.	3. Mailing Address <b>9 Riverside Road</b> Suite, Apt. #, etc.
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City & State <b>Weston, MA</b>	City & State <b>Weston, MA</b>
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Zip <b>02493</b>	Country <b>USA</b>	Zip <b>02493</b>	Country <b>USA</b>
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4. FEI Number <b>04-2433707</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM  
 C/O CT CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND RD.  
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b> 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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME CEO COUNTRYMAN, GARY L STREET ADDRESS 111 HAGER STREET CITY-ST-ZIP MARLBOROUGH MA 01752	<input type="checkbox"/> Delete
TITLE NAME COB KELLY, EDMUND F STREET ADDRESS 315 WELLESLEY STREET CITY-ST-ZIP WESTON MA 02193	<input checked="" type="checkbox"/> Delete
TITLE NAME P LEPAGE, GEORGE E STREET ADDRESS 124 BOLAS ROAD CITY-ST-ZIP DUXBURY MA 02332	<input checked="" type="checkbox"/> Delete
TITLE NAME VPT DOONAN, GEORGE W STREET ADDRESS ADAMS HILLS ROAD CITY-ST-ZIP GREENVILLE NH 03048	<input type="checkbox"/> Delete
TITLE NAME VP BRAGG, JEFFREY STREET ADDRESS 68 INDIAN HILL ROAD CITY-ST-ZIP MEDFIELD MA 02052	<input type="checkbox"/> Delete
TITLE NAME AVP ADAMS, DANA STREET ADDRESS 243 TRENTON LANE CITY-ST-ZIP CANTON GA 30114	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME Vice Chairman John Collins STREET ADDRESS 4 Freedom Way CITY-ST-ZIP Walpole, MA 02081	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME President Mark-Touhey STREET ADDRESS 9 Riverside Road CITY-ST-ZIP Weston, MA 02493	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jeffrey Bragg **Jeffrey Bragg, VP** 1.24.02 617.243.7902  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

UNIFORM AT

CR2E034 (9/01)

Helmsman RS Prod  
AP6330-01 KMF

Attachment  
~~Doc # F94000001989~~  
Accounts Payable 130304 1/25/02 2:02 PM  
Check Support List Page Number 1

Check Number 14578 Account 8073 State of Florida  
Check Date 1/25/02 Check Amount 150.00  
Check entered by: KMF  
2002 Uniform Business Report  
Doc # F94000001989  
Check was made out to :  
Department of State  
P.O. Box 1500  
Tallahassee, FL 32302

Apply to Number	Policy Number	Date	Amount
GL Account			150.00
1-00-06000			
License Expense			
		Total Check Amount	<u>150.00</u>