FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F94000002372 (0)**

1. Corporation Name

GALAHER SETTLEMENTS AND INSURANCE SERVICES COMPA NY, INC.

Principal Place of Business
1311 N. WESTSHORE BLVD.
312
TAMPA FL 33607
US

Mailing Address
1311 N. WESTSHORE BLVD.
312
TAMPA FL 33607
US

2. Principal Place of Business — 21 / Suite, Apt. #, etc. 22 / City & State 23 / Zip 24 / Country 25

2a. Mailing Address — 26 / Suite, Apt. #, etc. 27 / City & State 28 / Zip 29 / Country 30

3. Date Incorporated or Qualified: **05/09/1994**

3a. Date of Last Report: **01/25/1995**

4. FEI Number: **95-3573542** — ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. **Name and Address of Current Registered Agent**

OAKES, CHARLES
1311 N. WESTSHORE BLVD.
312
TAMPA FL 33607

10. **Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE ______ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	ADAMS, JOHN Q	
STREET ADDRESS	TWO HARPER CIR.	
CITY-ST-ZIP	ANDOVER MA 01810	
TITLE	S	☒ DELETE
NAME	CABOT, CHRISTOPHER	
STREET ADDRESS	SIX HART ST.	
CITY-ST-ZIP	BEVERLY FARMS MA 01915	
TITLE	T	☐ DELETE
NAME	WEENER, DAVID H	
STREET ADDRESS	EIGHT BLUEBERRY CIR.	
CITY-ST-ZIP	ANDOVER MA 01810	
TITLE	C	☐ DELETE
NAME	GALAHER, ROBERT E II	
STREET ADDRESS	25 CHOATE LN.	
CITY-ST-ZIP	IPSWICH MA	
TITLE	V	☐ DELETE
NAME	MURPHY, PATRICK J	
STREET ADDRESS	5 WILLIAMS WAY	
CITY-ST-ZIP	DURHAM NH 03824	
TITLE	V	☐ DELETE
NAME	SCHNEYER, GERARD V JR	
STREET ADDRESS	8939 BRIAR FOREST DR.	
CITY-ST-ZIP	HOUSTON TX 77024	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE / 1 NAME / 1 STREET ADDRESS / 1 CITY-ST-ZIP		☐ Change ☐ Addition
2 TITLE	SECRETARY	☐ Change ☒ Addition
2 NAME	W. CAMPBELL MEARS, JR.	
2 STREET ADDRESS	194 ST. PAUL STREET, #3	
2 CITY-ST-ZIP	BROOKLINE, MA 02146	
3 TITLE / 3 NAME		☒ Change ☐ Addition
3 STREET ADDRESS	FOUR BUTTONWOOD DRIVE	
3 CITY-ST-ZIP		
4 TITLE / 4 NAME / 4 STREET ADDRESS / 4 CITY-ST-ZIP		☐ Change ☐ Addition
5 TITLE / 5 NAME / 5 STREET ADDRESS / 5 CITY-ST-ZIP		☐ Change ☐ Addition
6 TITLE / 6 NAME / 6 STREET ADDRESS / 6 CITY-ST-ZIP		☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/96 Date

(508)475-2515 Daytime Phone #

CR2E034 (12/95)