2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State
04-02-2002 90109 019 ***150.00

DOCUMENT # F95000003746

1. Entity Name
CHICKERING CLAIMS ADMINISTRATORS, INC.

Principal Place of Business	Mailing Address
25 FIRST STREET CAMBRIDGE MA 02141	25 FIRST STREET CAMBRIDGE MA 02141

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1010 Commonwealth Avenue	1010 Commonwealth Avenue
Suite, Apt. # etc	Suite, Apt. #, etc.
City & State: Boston, MA	City & State: Boston, MA
Zip: 02215-1201 Country: USA	Zip: 02215-1201 Country: USA

4. FEI Number: 04-3134551 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
INSURANCE COMMISSIONER CAPITOL TALLAHASSEE FL 32399-0300	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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSD CHICOS, FREDERICK H 25 FIRST STREET CAMBRIDGE MA 02141	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSD Chicos, Frederick H 1010 Commonwealth Avenue Boston, MA 02215-1201	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD CHICOS, KENNETH D 25 FIRST STREET CAMBRIDGE MA 02141	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Chicos, Kenneth D. 1010 Commonwealth Avenue Boston, MA 02215-1201	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SILVA, PAUL V 12 AUTUMN LANE READING MA 01867	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Silva, Paul V. 1010 Commonwealth Avenue Boston, MA 02215-1201	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SIGAL, STEVEN J 192 KRAWSKI DRIVE SOUTH WINDSOR CT 06074	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Sigal, Steven J 151 Farmington Avenue Hartford, CT 06156	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BONNER, MARY C 99 PARK AVE NEW YORK NY 10016-1601	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: _____ 3-18-02 617-582-5000
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

Frederick H. Chicos