FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Feb 05, 2002 8:00 am Secretary of State **DOCUMENT #** F95000004260 1. Entity Name LIBERTY MUTUAL MANAGED CARE, INC. Color Line 12 02-05-2002 90121 009 ***150.00 Mailing Address Principal Place of Business 175 BERKELEY ST 175 BERKELEY ST BOSTON MA 02117 BOSTON MA 02117 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 04-3217691 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent **C T CORPORATION SYSTEM** Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 部分: 140美 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12 TITLE CR2E034 (9/01) TITLE Delete ☐ Addition President NAME DORMAN, LAWRENCE B NAME Paul A. Rodliff STREET ADDRESS 175 BERKELEY ST STREET ADDRESS 175 Berkeley St. CITY-ST-7IP **BOSTON MA 02117** CITY-ST-ZIP Boston, MA 02117 ☐ Delete TITLE Change ☐ Addition NAME PUGH, JAMES R NAME STREET ADDRESS 175 BERKELEY ST STREET ADDRESS , where we will be to CITY-ST-ZIP CITY-ST-ZIP **BOSTON MA 02117** ☐ Delete CB TITLE ☐ Change ☐ Addition GREGG, GARY R NAME NAME STREET ADDRESS 1/5 BERKELEY ST STREET ADDRESS CITY-ST-ZIF **BOSTON MA 02117** CITY-ST-ZIP TITLE WC VP, Secreary TITLE Delete Change ☐ Addition VP, Secretary and Clerk NAME DAVIS, DWIGHT E NAME Dexter R. Legg STREET ADDRESS 175; BERKEY ST STREET ADDRESS 175 Berkeley Street CITY-ST-ZIP **BOSTON MA 02117** CITY-ST-7IP Boston, MA 02117 X Delete TITI F TITLE Change ☐ Addition President NAME DORMAN, LAWRENCE B NAME Paul A. Rodliff STREET ADDRESS 175 BERKELEY ST STREET ADDRESS 175 Berkeley Street CITY-ST-ZIP, BOSTON MA 02117 City-St-7iP Boston, MA 02117 TITLE ☐ Delete Change Addition 3 **可证,正好多种的对外 化光拉** OSTROW, GARY J. NAME STREET ADDRESS NAME **. FO DETRINIC THE SEC. 134 STREET ADDRESS 175 Berkeley St **型發於工 施理心** CITY-ST-ZIP **BOSTON MA 02117** CITY-ST-ZIP 13. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information

Paul A: FROd 1 if f 1/16/02 (617) 357-9500 x 45640

SIGNATURE: Date Dayline Phone #

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 on the report 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 affactiment with an address, with all other like empowered.