

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Jun 02 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # F97000004698 (3)

1. Corporation Name:

STAPLES INSURANCE AGENCY, INC.

Principal Place of Business

100 PENNSYLVANIA AVE.
FRAMINGHAM MA 01701

Mailing Address

100 PENNSYLVANIA AVE.
FRAMINGHAM MA 01701

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/09/1997

4. FEI Number

APPLIED FOR

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 owes or has paid the current year Intangible
Personal Property Tax due June 30

☐

Yes

☐

No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 607.08(2) 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 607.08(5), Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and time if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DP
LEVITAN, JEFFREY L
ONE RESEARCH DR.
WESTBOROUGH MA 01581

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DS
SCHWARZENBACH, PETER M
100 PENNSYLVANIA AVE.
FRAMINGHAM MA 01701

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D
MAHONEY, JOHN J
ONE RESEARCH DR.
WESTBOROUGH MA 01581

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

V
SABOTIN, JOSEPH J
1814 COLONIAL DR.
GREEN COVE SPRINGS FL 32043

☒ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

T
MAYERSON, ROBERT K
8 TECHNOLOGY DR.
WESTBOROUGH MA 01581

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change

☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☒ Change

☐ Addition

TREASURER
PATRICK A HICKEY
35 WINSOR ST
SUDBURY, MA 01776

JK
6/2

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

800002547318

-06/04/98--01033--003

***300.00

14. 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 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

CR2E034 (10/97)