

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F97000004698

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

2. Principal Place of Business

21 500 Staples Drive
Suite, Apt. #, etc.

22 City & State

23 Framingham MA
Zip Country

24 01702 25 USA

2a. Mailing Address

26 500 Staples Drive
Suite, Apt. #, etc.

27 City & State

28 Framingham MA
Zip Country

29 01702 30 USA

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified

09/09/1997

4. FEI Number

01-391859

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 the current year Intangible
Personal Property Tax.

☐

Yes

☐

No

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME DP
STREET ADDRESS LEVITAN, JEFFREY L
CITY-ST-ZIP ONE RESEARCH DR.
WESTBOROUGH MA 01581

TITLE ☒ DELETE

NAME DS
STREET ADDRESS SCHWARZENBACH, PETER M
CITY-ST-ZIP 100 PENNSYLVANIA AVE.
FRAMINGHAM MA 01701

TITLE ☐ DELETE

NAME D
STREET ADDRESS MAHONEY, JOHN J
CITY-ST-ZIP ONE RESEARCH DR.
WESTBOROUGH MA 01581

TITLE ☐ DELETE

NAME V
STREET ADDRESS SABOTIN, JOSEPH J
CITY-ST-ZIP 1814 COLONIAL DR.
GREEN COVE SPRINGS FL 32043

TITLE ☐ DELETE

NAME T
STREET ADDRESS HICKEY, PATRICK A
CITY-ST-ZIP 35 WINDSOR ST
SUDBURY MA 01716

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS 500 Staples Drive
1.4 CITY-ST-ZIP Framingham, MA 01702

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME Secretary
2.3 STREET ADDRESS Van Woerkom, Jack
2.4 CITY-ST-ZIP 500 Staples Drive
Framingham, MA 01702

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS 500 Staples Drive
3.4 CITY-ST-ZIP Framingham, MA 01702

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS 500 Staples Drive
5.4 CITY-ST-ZIP Framingham, MA 01702

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

Paul Hiley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.28.99

Date

508-253-5438

Daytime Phone #