2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006
Secretary of State

DOCUMENT# F97000004698

Entity Name: STAPLES INSURANCE AGENCY, INC.

Current Principal Place of Business:

500 STAPLES DRIVE
FRAMINGHAM, MA 01702

New Principal Place of Business:

500 STAPLES DRIVE
FRAMINGHAM, MA 017024478

Current Mailing Address:

500 STAPLES DRIVE
FRAMINGHAM, MA 01702

New Mailing Address:

500 STAPLES DRIVE
ATT: NANCY WHITE
FRAMINGHAM, MA 017024478

FEI Number: 04-3391859 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	DP	( ) Delete
Name:	SCHEMAN, JEFFREY	
Address:	500 STAPLES DRIVE	
City-St-Zip:	FRAMINGHAM, MA 01702	
Title:	S	( ) Delete
Name:	VAN WOERKOM, JACK	
Address:	500 STAPLES DRIVE	
City-St-Zip:	FRAMINGHAM, MA 01702	
Title:	D	( ) Delete
Name:	ESTEY, RUSSELL	
Address:	500 STAPLES DRIVE	
City-St-Zip:	FRAMINGHAM, MA 01702	
Title:	V	( ) Delete
Name:	SABOTIN, JOSEPH J	
Address:	1814 COLONIAL DR.	
City-St-Zip:	GREEN COVE SPRINGS, FL 32043	
Title:	T	( ) Delete
Name:	MAYERSON, ROBERT	
Address:	500 STAPLES DRIVE	
City-St-Zip:	FRAMINGHAM, MA 01702	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT K MAYERSON TREA 05/04/2006

Electronic Signature of Signing Officer or Director — Date