

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000005878

FILED
Feb 11, 2011
Secretary of State

Entity Name: COAKLEY, PIERPAN, DOLAN & COLLINS INSURANCE AGENCY, INC.

Current Principal Place of Business:

26 UNION ST
NORTH ADAMS, MA 01247

New Principal Place of Business:

Current Mailing Address:

26 UNION ST
NORTH ADAMS, MA 01247

New Mailing Address:

FEI Number: 04-2375409

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

OFFICERS AND DIRECTORS:

Title: PD
Name: DOLAN, TIMOTHY R
Address: 26 UNION ST
City-St-Zip: NORTH ADAMS, MA 01247

Title: VP
Name: GRAY, GRACE J
Address: 26 UNION ST
City-St-Zip: NORTH ADAMS, MA 01247

Title: TD
Name: CROWE, STEPHEN G
Address: 93 MAIN ST
City-St-Zip: NORTH ADAMS, MA 01247

Title: VP
Name: ROBINSON, WILLIAM R
Address: 26 UNION STREET
City-St-Zip: NORTH ADAMS, MA 01247

Title: D
Name: SYRLUGA, BRADLEY C
Address: 26 UNION STREET
City-St-Zip: NORTH ADAMS, MA 01247

Title: D
Name: BULLETT, RICHARD
Address: 93 MAIN STREET
City-St-Zip: NORTH ADAMS, MA 01247

I hereby 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 all other like empowered.

SIGNATURE: GRACE GRAY

VP

02/11/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date