

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 23, 2004 08:00 AM
Secretary of State

DOCUMENT # M01000000947

1. Entity Name
FLEET INSURANCE SERVICES, LLC



Principal Place of Business
**14 COMMERCE DR.
CRANFORD, NJ 07016**

Mailing Address
**100 FEDERAL ST, MA DE 10119B
BOSTON, MA 02110**



04052004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
52-2235466

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

000000127561
04/26/04-80003-005 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
FLEET NATIONAL BANK
111 WESTMINSTER ST
PROVIDENCE, RI 02903**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
GRUENBERG, PETER
14 COMMERCE DR.
CRANFORD, NJ 07016**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
LEDDY, BRIAN P
14 COMMERCE DR.
CRANFORD, NJ 07016**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
O'CONNOR, JAMES
14 COMMERCE DR.
CRANFORD, NJ 07016**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
SHARKEY, THOMAS J JR
14 COMMERCE DR.
CRANFORD, NJ 07016**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
VATASIN, GLENN P
14 COMMERCE DR.
CRANFORD, NJ 07016**

**DO NOT WRITE
IN THIS SPACE**

11. 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 report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

Fleet National Bank, Sole Member by Terence A. McGinnis Assistant Secretary

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

617-434-7565

4-5-04