2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2005
Secretary of State

DOCUMENT# M01000000947

Entity Name: FLEET INSURANCE SERVICES, LLC

Current Principal Place of Business:

14 COMMERCE DR.
CRANFORD, NJ 07016

New Principal Place of Business:

Current Mailing Address:

100 FEDERAL ST, MA DE 10119B
BOSTON, MA 02110

New Mailing Address:

FEI Number: 52-2235466 **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

MANAGING MEMBERS/MEMBERS:

Title:	MGRM	( ) Delete
Name:	FLEET NATIONAL BANK,	
Address:	111 WESTMINSTER ST	
City-St-Zip:	PROVIDENCE, RI 02903	
Title:	MGR	( ) Delete
Name:	GRUENBERG, PETER	
Address:	14 COMMERCE DR.	
City-St-Zip:	CRANFORD, NJ 07016	
Title:	MGR	( ) Delete
Name:	LEDDY, BRIAN P	
Address:	14 COMMERCE DR.	
City-St-Zip:	CRANFORD, NJ 07016	
Title:	MGR	( ) Delete
Name:	O'CONNOR, JAMES	
Address:	14 COMMERCE DR.	
City-St-Zip:	CRANFORD, NJ 07016	
Title:	MGR	( ) Delete
Name:	SHARKEY, THOMAS J JR	
Address:	14 COMMERCE DR.	
City-St-Zip:	CRANFORD, NJ 07016	
Title:	MGR	( ) Delete
Name:	VATASIN, GLENN P	
Address:	14 COMMERCE DR.	
City-St-Zip:	CRANFORD, NJ 07016	

ADDITIONS/CHANGES:

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:	
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 Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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.

SIGNATURE: SUSAN D MAYS SVP 04/27/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date