

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P09070

FILED
Oct 15, 2009
Secretary of State

Entity Name: SMALL BUSINESS INSURANCE AGENCY, INC.

Current Principal Place of Business:

542 MAIN STREET
WORCESTER, MA 016150022 US

New Principal Place of Business:

Current Mailing Address:

542 MAIN STREET
PO BOX 15022
WORCESTER, MA 016150022 US

New Mailing Address:

FEI Number: 04-2681269

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C/O 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: CT CORPORATION SYSTEM

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: CARROLL, FRANCIS R
Address: 11 HANCOCK HILL DRIVE
City-St-Zip: WORCESTER, MA 01609

Title: S () Delete
Name: GREENLAW, PATRICIA A
Address: 664 BURNCOAT STREET
City-St-Zip: WORCESTER, MA 01606

Title: P () Delete
Name: CARROLL, BRIAN K
Address: 10 PAUL REVERE RD
City-St-Zip: WORCESTER, MA 01609

Title: D () Delete
Name: CARROLL, THOMAS J
Address: 5329 CALLA VISTA
City-St-Zip: SAN DIEGO, CA 92109

Title: D () Delete
Name: SOULE, CHARLES E
Address: 7 WYNGATE RD
City-St-Zip: GREENWICH, CT 06830

Title: D (X) Delete
Name: O'MALLEY, HUGH
Address: 13810 SUTTON PARK DRIVE NORTH
City-St-Zip: JACKSONVILLE, FL 13810

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: PD (X) Change () Addition
Name: CARROLL, BRIAN K
Address: 10 PAUL REVERE RD
City-St-Zip: WORCESTER, MA 01609

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 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: PATRICIA A GREENLAW

S

10/15/2009

Electronic Signature of Signing Officer or Director

Date