

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09070

FILED
Apr 25, 2012
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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

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

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

Title: D
Name: SOULE, CHARLES E
Address: 84 CLIFF ROAD
City-St-Zip: NANTUCKET, MA 02554

Title: D
Name: CHOKEL, CHARLES
Address: 60 OLD BAY ROAD
City-St-Zip: NEW CASTLE, NH 03854

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: PATRICIA A. GREENLAW

S

04/25/2012

Electronic Signature of Signing Officer or Director

Date