

2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000005936

Entity Name: WILLIS OF NEW HAMPSHIRE, INC.**Current Principal Place of Business:**PEASE INTERNATIONAL TRADEPORT
ONE NEW HAMPSHIRE AVENUE SUITE 200
PORTSMOUTH, NH 03801**Current Mailing Address:**PEASE INTERNATIONAL TRADEPORT
ONE NEW HAMPSHIRE AVENUE SUITE 200
PORTSMOUTH, NH 03801 US**FEI Number:** 02-0258767**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US*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**Officer/Director Detail :**

Title	DIRECTOR
Name	GUNN, JOE
Address	PEASE INTERNATIONAL TRADEPORT ONE NEW HAMPSHIRE AVENUE SUITE 200
City-State-Zip:	PORTSMOUTH NH 03801

Title	DIRECTOR
Name	WASSERMAN, ANDREW M.
Address	PEASE INTERNATIONAL TRADEPORT ONE NEW HAMPSHIRE AVENUE SUITE 200
City-State-Zip:	PORTSMOUTH NH 03801

Title	PRESIDENT
Name	BROWN, STACY
Address	PEASE INTERNATIONAL TRADEPORT ONE NEW HAMPSHIRE AVENUE SUITE 200
City-State-Zip:	PORTSMOUTH NH 03801

Title	SECRETARY
Name	NAAKTGEBOREN, HEATHER D. B.
Address	PEASE INTERNATIONAL TRADEPORT ONE NEW HAMPSHIRE AVENUE SUITE 200
City-State-Zip:	PORTSMOUTH NH 03801

Title	TREASURER
Name	BUCHANAN, NORMAN J.
Address	PEASE INTERNATIONAL TRADEPORT ONE NEW HAMPSHIRE AVENUE SUITE 200
City-State-Zip:	PORTSMOUTH NH 03801

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: HEATHER D. B. NAAKTGEBOREN**SECRETARY****04/19/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date