2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State
02-11-2002 90149 047 ***150.00

DOCUMENT # F94000001989

1. Entity Name
HELMSMAN INSURANCE AGENCY, INC.

Principal Place of Business	Mailing Address
~~3 COPLEY PLACE~~ ~~TOWER 3, 5TH FLOOR, SUITE 501~~ ~~BOSTON MA 02116~~ US	~~3 COPLEY PLACE~~ ~~TOWER 3, 5TH FLOOR, SUITE 501~~ ~~BOSTON MA 02116~~ ~~US~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
9 Riverside Road Suite, Apt. #, etc.	9 Riverside Road Suite, Apt. #, etc.
City & State: Weston, MA	City & State: Weston, MA
Zip: 02493 Country: USA	Zip: 02493 Country: USA

4. FEI Number 04-2433707 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CT CORPORATION SYSTEM C/O CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION FL 33324	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After May 1, 2002 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEO COUNTRYMAN, GARY L 111 HAGER STREET MARLBOROUGH MA 01752	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	COB KELLY, EDMUND F 315 WELLESLEY STREET WESTON MA 02193	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice Chairman John Collins 4 Freedom Way Walpole, MA 02081	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P LEPAGE, GEORGE E 124 BOLAS ROAD DUXBURY MA 02332	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Mark Touhey 9 Riverside Road Weston, MA 02493	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPT DOONAN, GEORGE W ADAMS HILLS ROAD GREENVILLE NH 03048	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP BRAGG, JEFFREY 66 INDIAN HILL ROAD MEDFIELD MA 02052	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AVP ADAMS, DANA 243 TRENTON LANE CANTON GA 30114	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

13. 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 or supplemental report is true and accurate and that my 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 in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Jeffrey Bragg, VP 1.24.02 617.243.7902
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (9/01)

Attachment
Doc#F94000001989

Helmsman RS Prod
AP6330-01 KMF

Accounts Payable
Check Support List

13030 1/25/02 2:02 PM
Page Number 1

Check Number 14578 Account 8073 State of Florida
Check Date 1/25/02 Check Amount 150.00
Check entered by: KMF
2002 Uniform Business Report
Doc # F94000001989
Check was made out to :
Department of State
P.O. Box 1500
Tallahassee, FL 32302

Apply to Number	Policy Number	Date	Amount
GL Account 1-00-06000 License Expense			150.00
		Total Check Amount	150.00