

No. W 139012	Due no later than Jun 30, 2015 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. FLEETMATICS INSURANCE SERVICES, LLC VICTORIA MASOTTA 1100 WINTER ST 4600 WALTHAM MA 02451		C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705			
			3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MANAGER	ALBERT VASILE	1100 WINTER STREET 4600	WALTHAM	MA	USA	02451
5. Organized Under the Laws of: OH W 139012		6. Annual Report must be signed.* Signature: Albert Vasile Name (type or print): Albert Vasile Date: 06/04/2015 Title: Assistant Treasurer				
Processed 06/04/2015		* Electronically provided signatures are accepted as original signatures.				