




No. <b>W 139012</b>	<b>Due no later than Jun 30, 2016</b> <b>Annual Report Form</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705 USA																																																	
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF          RECEIVED BY DUE          DATE</b>	1. <b>Mailing Address: Correct in this box if needed.</b> FLEETMATICS INSURANCE SERVICES, LLC VICTORIA MASOTTA 1100 WINTER ST 4600 WALTHAM MA 02451		3. <u>New</u> Registered Agent Signature.																																																	
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.																																																				
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Manager or Member</th> <th style="text-align: left;">Name</th> <th style="text-align: left;">Street or PO Address</th> <th style="text-align: left;">City</th> <th style="text-align: left;">State</th> <th style="text-align: left;">Country</th> <th style="text-align: left;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td colspan="6">Fleetmatics USA Holdings, Inc</td> </tr> <tr> <td></td> <td colspan="6">1100 Winter St, Suite 4600</td> </tr> <tr> <td></td> <td colspan="6">Waltham, MA 02457</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td colspan="6"></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td colspan="6"></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td colspan="6"></td> </tr> </tbody> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Fleetmatics USA Holdings, Inc							1100 Winter St, Suite 4600							Waltham, MA 02457						Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of:  <div style="text-align: center; font-size: 1.2em;">OHIO</div> <div style="text-align: center; font-size: 1.2em;">W 139012</div>		6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">           Signature:   </td> <td style="width: 40%;">           Date:  <u>6-2-16</u> </td> </tr> <tr> <td>           Name (type or print):  <u>Albert Vasile, Assistant Treasurer for Member</u> </td> <td>           Title:  <u>Member</u> </td> </tr> </table>		Signature: 	Date: <u>6-2-16</u>	Name (type or print): <u>Albert Vasile, Assistant Treasurer for Member</u>	Title: <u>Member</u>																																													
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## INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM