

No. <b>C 195336</b>		Due no later than Jul 31, 2015 <b>Annual Report Form</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b> DISABILITY MANAGEMENT SERVICES, INC. MAUREEN COWIE 300 S STATE ST STE 250 ONE PARK PLACE SYRACUSE NY 13202		CORPORATION SERVICE COMPANY 12550 W EXPLORER DR STE 100 BOISE ID 83713		
				3. <u>New</u> Registered Agent Signature:*		
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
PRESIDENT	ROBERT A BONSALL JR	1350 MAIN ST	SPRINGFIELD	MA	USA	01103
SECRETARY	ANDREW J COHEN	1350 MAIN ST	SPRINGFIELD	MA	USA	01103
DIRECTOR	RICHARD W. GRILLI	ONE LIBERTY PLAZA 165 BROADWAY, 30TH FL.	NEW YORK	NY	USA	10006
DIRECTOR	DONALD M. CHARSKY	161 WORCESTER RD	FRAMINGHAM	MA	USA	01701
5. Organized Under the Laws of: <b>CT C 195336</b>		6. Annual Report must be signed.* Signature: Andrew J. Cohen Name (type or print): Andrew J. Cohen				
Processed 07/07/2015		Date: 07/07/2015 Title: Secretary				
* Electronically provided signatures are accepted as original signatures.						