

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2002 8:00 am
Secretary of State
 05-05-2002 90084 005 ***150.00

DOCUMENT # 812387

1. Entity Name
HOOPER HOLMES, INC.

Principal Place of Business
 170 MT. AIRY RD
 BASKING RIDGE NJ 07920-2022

Mailing Address
 170 MT. AIRY RD
 BASKING RIDGE NJ 07920-2022



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

22-1659359

Applied For

Not Applicable

Zip

Country

Zip

Country

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

PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYES ST, STE 105
TALLAHASSEE FL 32301

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 ☐ Delete
 NAME **D NOLAN JR, JOHN E**
 STREET ADDRESS **1330 CONNECTICUT AVENUE**
 CITY-ST-ZIP **WASHINGTON, DC 00000**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **170 MOUNT AIRY ROAD**
 CITY-ST-ZIP **BASKING RIDGE, NJ 07920**

TITLE ☐ Delete
 NAME **D WIGHT, G. E**
 STREET ADDRESS **59 ORIOLE ROAD**
 CITY-ST-ZIP **TORONTO ON**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **170 MOUNT AIRY ROAD**
 CITY-ST-ZIP **BASKING RIDGE, NJ 07920**

TITLE ☐ Delete
 NAME **S JEWETT, ROBERT**
 STREET ADDRESS **71 WEXFORD WAY**
 CITY-ST-ZIP **BASKING RIDGE NJ**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **170 MOUNT AIRY ROAD**
 CITY-ST-ZIP **BASKING RIDGE, NJ 07920**

TITLE ☐ Delete
 NAME **T LASH, FRED**
 STREET ADDRESS **14 MIRADOR COURT**
 CITY-ST-ZIP **DENVILLE NJ**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **170 MOUNT AIRY ROAD**
 CITY-ST-ZIP **BASKING RIDGE, NJ 07920**

TITLE ☐ Delete
 NAME **PDC MCNAMEE, JAMES M**
 STREET ADDRESS **ONE MARY KNOLL DRIVE**
 CITY-ST-ZIP **NEW VERNON FL**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **170 MOUNT AIRY ROAD**
 CITY-ST-ZIP **BASKING RIDGE, NJ 07920**

TITLE ☐ Delete
 NAME **VP MARONE, JOSEPH A**
 STREET ADDRESS **170 MOOSE AIR RD.**
 CITY-ST-ZIP **BASKING RIDGE NJ 07920**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **170 MOUNT AIRY ROAD**
 CITY-ST-ZIP

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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Vice President &
 Controller**

4/17/02

(908) 953-3664

Date

Daytime Phone #

CR2E034 (9/01)