

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 26, 2000 8:00 am
Secretary of State

07-26-2000 90017 043 ***558.75

DOCUMENT # 825304

1. Entity Name
THE PROSPECT COMPANY

Principal Place of Business
 ONE TOWER SQUARE
 C/O CORPORATE TAX - 5PB
 HARTFORD CT 06183-8190

Mailing Address
 ONE TOWER SQUARE
 C/O CORPORATE TAX - 5PB
 HARTFORD CT 06183-8190



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number	51-0099394	Applied For
		Not Applicable

5. Certificate of Status Desired	<input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOSEPH E RUELI, JR	NAME	
STREET ADDRESS	65 SOMERWYND LAND	STREET ADDRESS	
CITY-ST-ZIP	SUFFIELD CT 06078	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TYSON, DAVID A	NAME	
STREET ADDRESS	53 COUNTRY CLUB LANE	STREET ADDRESS	
CITY-ST-ZIP	EAST GRANBY CT 06026	CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEWIS, SUSAN W	NAME	
STREET ADDRESS	75 DANIEL TRACE	STREET ADDRESS	
CITY-ST-ZIP	BURLINGTON CT 06033	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEILL, MARC P	NAME	
STREET ADDRESS	170 EAST 87TH STREET APT. WEST 11C	STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10128	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOLEY, RONALD E. J	NAME	
STREET ADDRESS	43 BANBURY LANE	STREET ADDRESS	
CITY-ST-ZIP	WEST HARTFORD CT	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STITZER, JORDAN M	NAME	
STREET ADDRESS	775 RESEVOIR RD	STREET ADDRESS	
CITY-ST-ZIP	CHESHIRE CT 06410	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** Treasurer **07/18/2000** **860 954-8138**
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E034 (5/00)