

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

02 APR 22 PM 3:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0018294 AB

DOCUMENT # **B95000000226**

1. Entity Name

TALCOTT EQUITIES LIMITED PARTNERSHIP

Principal Place of Business

100 PEARL ST.
HARTFORD CT 06103-4500

Mailing Address

100 PEARL ST.
HARTFORD CT 06103-4500



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

06-1420549

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

DUE BY MAY 1, 2002

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH 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

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

DATE

9. Capital Contributions
as Shown on record.

\$12,537.00

10. Amount of Capital Contributions
in FLORIDA to date.

11,011

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **F95000003007**
NAME **TALCOTT CORPORATION**
STREET ADDRESS **100 PEARL ST.**
CITY-ST-ZIP **HARTFORD CT 06103**

STREET ADDRESS

CITY-ST-ZIP

77.08 - VP
88.75 - Adm

DOCUMENT #
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CITY-ST-ZIP

STREET ADDRESS

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CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

900005361589--7
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STREET ADDRESS

CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 629, Florida Statutes

SIGNATURE: *by: Talcott Corporation, its General Partner*
SIGNATURE REQUIRED **JOSEPH M. CICCAGLIONE** **4/17/02** **860-293-6100**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER **CHIEF FINANCIAL OFFICER** Date Daytime Phone #

CR2E003 (9/01)