FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2003 8:00 am
Secretary of State
03-20-2003 90159 015 ***150.00

DOCUMENT # F01000000964

1. Entity Name
Managers Distributors, Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
40 Richards Avenue	4o Richards Avenue
Suite, Apt. #, etc	Suite, Apt. #, etc
City & State: Norwalk, Ct.	City & State: Norwalk, Ct
Zip: 06854 Country:	Zip: 06854 Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number: 06-1603133 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: C T Corporation System

Street Address (P.O. Box Number is Not Acceptable):
1200 South Pine Island Road

City: Plantation FL Zip Code: 33324

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ DATE: _____
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Peter M Lebovitz 218 Ferris Hill Rd New Canaan, Ct 06840
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD John Kingston III 32 Pierrpoint Road Winchester, Ma 01890
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Donald Rumery 190 Cutlers Farm Road Monroe, Ct 06468
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Nathaniel Dalton 136 Galloupes Point Road Swampscott, Ma 01907
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Daniel J Shea 23 Tubwreck Drive Medfield, Ma 02052
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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Donald S Rumery DONALD S Rumery, Treasurer 3/17/03 203-831-4122
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #