

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 MAY -5 AM 8:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F02000001420
 1. Entity Name
Kelson Billing Services

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4620 N state Rd 7
 Suite, Apt. #, etc.
Suite 314

3. Mailing Address
Same
 Suite, Apt. #, etc.

City & State
Lauderdale Lakes FL
 Zip Country
33319 USA

000018839330
05/13/03--01060--036 **150.00
 DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

4. FEI Number
10-0001572
 Applied For
 Not Applicable

7. Name and Address of Current Registered Agent
 Name
Corporation Service Company
 Street Address (P.O. Box Number is Not Acceptable)
1201 Hays street
 City
Tallahassee FL Zip Code
32301-2525

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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	PD	TITLE	
NAME	SKIP Creasy	NAME	
STREET ADDRESS	90 statehouse square, 10th floor	STREET ADDRESS	
CITY-ST-ZIP	Hartford CT 06103	CITY-ST-ZIP	
TITLE	VPST	TITLE	
NAME	Kinell, Jeffrey	NAME	
STREET ADDRESS	90 state house sq., 10th floor	STREET ADDRESS	
CITY-ST-ZIP	Hartford CT 06103	CITY-ST-ZIP	
TITLE	AA	TITLE	
NAME	Fields, Terry	NAME	
STREET ADDRESS	4620 N state Rd 7, Ste 314	STREET ADDRESS	
CITY-ST-ZIP	Lauderdale Lakes FL 33319	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: J. Fields Terry Fields 4/8/03 954-967-6400
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)