2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

040385 AV

DOCUMENT # L46584

1. Entity Name
SIKON CONSTRUCTION CORPORATION

FILED
03 APR -4 AM 10:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
7000 W. PALMETTO PARK RD. SUITE #408 BOCA RATON, FL 33433 US	C/O KONOVER & ASSOCIATES SOUTH INC 7000 W PALMETTO PARK RD STE 408 BOCA RATON FL 33433

☐ CHECK HERE IF MAKING CHANGES

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 65-0169181 ☐ Applied For ☐ Not Applicable

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
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525	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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P KONOVER, SIMON 7000 W PALMETTO PARK RD BOCA RATON FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President and Director	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EVP MCWHORTER, RALPH E 7000 W PALMETTO PARK RD STE 408 BOCA RATON FL 33433	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Executive Vice President, COO	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS SILVAY, SANDRA 342 N MAIN ST STE 200 WEST HARTFORD, CT 06117	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Assistant Secretary Susan A. Janiak 342 N. Main St., Ste 200 West Hartford, CT 06117	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP COMBS, GREGORY V 7000 W PALMETTO PARK RD STE 408 BOCA RATON FL 33433	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Executive Vice President, CFO	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP SPOSITO, JOSEPH J 7000 WEST PALMETTO PARK ROAD, STE.408 BOCA RATON, FL 33433	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	700015179227 Change 04/02/03--01059--023 **200.00	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MIRRIONE, KRISTEN 7000 W PALMETTO PARK RD STE 408 BOCA RATON FL 33433	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: G. Combs SIGNATURE REQUIRED Gregory V. Combs, Executive VP, CFO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #