

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90749 046 ****50.00

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DOCUMENT # M02000001852



1. Entity Name
MODERN WOODCRAFTS, LLC

Principal Place of Business Mailing Address
**72 NORTHWEST DR.
FARMINGTON INDUSTRIAL PARK
FARMINGTON CT 06034** **72 NORTHWEST DR.
FARMINGTON INDUSTRIAL PARK
FARMINGTON CT 06034**

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 **04-3600607** Applied For
Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required



CHECK HERE IF MAKING CHANGES

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. 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 \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	MGR	<input type="checkbox"/> Delete
NAME	SHUMAN, PHILIP W	
STREET ADDRESS	72 NORTHWEST DR.	
CITY-ST-ZIP	FARMINGTON CT 06034	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	RAMSAY, DONALD C	
STREET ADDRESS	72 NORTHWEST DR.	
CITY-ST-ZIP	FARMINGTON CT 06034	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	BOUCHARD, JEAN LOUIS	
STREET ADDRESS	72 NORTHWEST DR.	
CITY-ST-ZIP	FARMINGTON CT 06034	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	KALLENBACH, WILLIAM M	
STREET ADDRESS	72 NORTHWEST DR.	
CITY-ST-ZIP	FARMINGTON CT 06034	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Philip W Shuman* **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4-21-03 **(860) 677-7371**
Date Daytime Phone #

CR2E083 (10/02)