

07-25-2003 90087 002 \*\*\*\*61.25  
N01000002610

03 JUL 31 PM 1:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AMENDED

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N0100002610

1. Entity Name  
NORTHEAST HTE USER'S GROUP, INC.



90146548

Principal Place of Business  
50 SOUTH MAIN STREET  
WEST HARTFORD, CT 06107

Mailing Address  
50 SOUTH MAIN STREET  
WEST HARTFORD, CT 06107

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

08-1627608

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEMS  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

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

Signature, printed in printed name of registered agent and title if applicable

Printed Name of Registered Agent (Printed name of registered agent)

Date

FILE NOW! FEE IS \$10.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Florida Department of State

**10. OFFICERS AND DIRECTORS**

| TITLE | NAME               | STREET ADDRESS                       | CITY-STATE-ZIP          | <input type="checkbox"/> Delete |
|-------|--------------------|--------------------------------------|-------------------------|---------------------------------|
| PD    | DIGIUSEPPE, CHERYL | CITY OF PAWTUCKET 137, ROOSEVELT AVE | PAWTUCKET, RI 02860     | <input type="checkbox"/>        |
| TD    | MARKKE, KEVIN      | CITY OF PORTLAND 399 CONGRESS ST     | PORTLAND, ME 04101      | <input type="checkbox"/>        |
| PD    | JOHNSON, CHRIS     | 50 SOUTH MAIN ST                     | WEST HARTFORD, CT 06107 | <input type="checkbox"/>        |
| D     | PONESS, EVELYN     | TOWN OF NEEDHAM 1472 HIGHLAND AVE    | NEEDHAM, MA 02492       | <input type="checkbox"/>        |
|       |                    |                                      |                         | <input type="checkbox"/>        |
|       |                    |                                      |                         | <input type="checkbox"/>        |

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN NO**

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

12. I hereby certify that the information supplied in 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 registered trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an affidavit with all other like empowered.

SIGNATURE:

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/1/03

860-523-3230

# Attachment

90146548  
NO1000002610

10.

D

Kathy Edmundson  
County of Ulster  
25 South Manor Avenue  
Kingston, NY 12401

D

Diane Anderson Kinney  
City of Stamford  
888 Washington Blvd  
Stamford, CT 06904

D

Thomas Meaney  
City of Scarsdale  
50 Tompkins Road  
Scarsdale, NY 10583