

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90022 033 ***150.00

DOCUMENT # P05484

1. Entity Name
PEOPLE'S SECURITIES, INC.

Principal Place of Business 815 MAIN STREET P.O. BOX 31 BRIDGEPORT CT 06601	Mailing Address 815 MAIN STREET P.O. BOX 31 BRIDGEPORT CT 06601-0031
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number 06-1082686	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM INC.
 1201 HAYS STREET
 SUITE 105
 TALLAHASSEE FL 32301**

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

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.
 \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PT	<input type="checkbox"/> Delete
NAME RODIA, ROBERT V.	
STREET ADDRESS 815 MAIN STREET	
CITY-ST-ZIP BRIDGEPORT CT	
TITLE D	<input type="checkbox"/> Delete
NAME HUEBNER, BRYAN J	
STREET ADDRESS 850 MAIN STREET	
CITY-ST-ZIP BRIDGEPORT CT	
TITLE D	<input checked="" type="checkbox"/> Delete
NAME CARSON, DAVID E.	
STREET ADDRESS 850 MAIN STREET	
CITY-ST-ZIP BRIDGEPORT CT	
TITLE VP	<input type="checkbox"/> Delete
NAME KRUSZKA, EDWARD J	
STREET ADDRESS 815 MAIN ST	
CITY-ST-ZIP BRIDGEPORT CT	
TITLE S	<input checked="" type="checkbox"/> Delete
NAME JORDAN, CAROLE T.	
STREET ADDRESS 815 MAIN STREET	
CITY-ST-ZIP BRIDGEPORT CT	
TITLE D	<input type="checkbox"/> Delete
NAME BUCNIS, EDWARD H.	
STREET ADDRESS 850 MAIN STREET	
CITY-ST-ZIP BRIDGEPORT CT	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Director
STREET ADDRESS	John A. Klein
CITY-ST-ZIP	850 Main Street Bridgeport, CT. 06604
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Corp. Secretary
STREET ADDRESS	Robert C. Clarkson
CITY-ST-ZIP	815 Main Street Bridgeport, CT 06601
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **RODIA, ROBERT V.**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/14/2000
Date

(203) 338-4929
Daytime Phone #

CR2E034 (9/99)