

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90002 047 ***150.00

DOCUMENT # F95000004705 (8)

1. Entity Name

CASUAL CORNER GROUP, INC.

Principal Place of Business

100 PHOENIX AVE
 ENFIELD, CT. 06083-1700

Mailing Address

100 PHOENIX AVE
 ENFIELD, CT. 06083-1700

C0067857

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

51-0368883

Applied For

Not Applicable

Zip

Country

Zip

Country

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 HAYES 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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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

FILE NOW IN FEES \$150.00
After MAY 1, 2000 Fee will be \$350.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

| | | | |
|-----------------|--------------------|---------------------------------|-----------------------------------|
| TITLE | C, P, CEO, D | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | CLAUDIO DELVECCHIO | | |
| STREET ADDRESS | 100 PHOENIX AVE | | |
| CITY - ST - ZIP | ENFIELD, CT. 06082 | | |
| TITLE | COO, D | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | MARK SHULMAN | | |
| STREET ADDRESS | 100 PHOENIX AVE. | | |
| CITY - ST - ZIP | ENFIELD, CT. 06082 | | |
| TITLE | CFD, T | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | BRIAN BAUMANN | | |
| STREET ADDRESS | 100 PHOENIX AVE | | |
| CITY - ST - ZIP | ENFIELD, CT. 06082 | | |
| TITLE | VP, S, D | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | EUGENE FEOLA | | |
| STREET ADDRESS | 100 PHOENIX AVE | | |
| CITY - ST - ZIP | ENFIELD, CT. 06082 | | |
| 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 | | | |

CR2E034 (9/99)

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:

MARK SHULMAN

4/11/00

860-741-0771

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #