2002 UNIFORM BUSINESS REPORT (UBR)

May 02, 2002 8:00 am § Secretary of State DOCUMENT # 659961 1. Entity Name 05-02-2002 90150 035 ***150 00 CHAMBERLAIN FINANCIAL SERVICES INCORPORATED Principal Place of Business Mailing Address 126 CROTON LAKE RD. 126 CROTON LAKE RD. KATONAH NY 10536 KATONAH NY 10536 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. _DO.NOT_WRITE_IN_THIS SPACE. City & State City & State 4. FEI Number Applied For 22-2440879 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CONROX, COLEMAND / HAZARD MORRISON & CONROY **6838 TAMIAMI TRAIL NORTH** SUITE 402 NAPLES FL 34103. City 8. The above named entity submits this statement for the 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) П Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete ☐ Change ☐ Addition NAME CHRISTESEN, DONALD J NAME STREET ADDRESS 126 CROTON LAKE ROAD STREET ADDRESS CITY-ST-ZIP KATONAH NY 10536 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME CHRISTESEN, ERMINE R NAME STREET ADDRESS 126 CROTON LAKE ROAD STREET ADDRESS CITY-ST-7IP KATONAH NY 10536 CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME -STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE विकास होता हो हो है। ☐ Delete TITLE Change ☐ Addition NAME andrew some NAME STREET ADDRESS STREET ADDRESS CITY - ST-71P 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

SIGNATURE:

changed, or on an attachment with an address, with

RINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE AND TYPED OF

FILED