

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 808326

1. Entity Name

MILTON ROY COMPANY

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90007 033 ***150.00

Principal Place of Business

Mailing Address

201 IVYLAND ROAD
P O BOX 7003
IVYLAND PA 18974-0577
US

201 IVYLAND ROAD
P O BOX 7003
IVYLAND PA 18974-1706
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

23-1281355

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

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.

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!!! 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Delete
NAME THOMAS, PATRICK L
STREET ADDRESS 4949 HARRISON AVE.
CITY-ST-ZIP ROCKFORD IL

TITLE TD ☐ Change ☒ Addition
NAME Thomas Rogan
STREET ADDRESS 1 Hamilton Rd.
CITY-ST-ZIP Windsor Locks, CT 06096

TITLE AT ☒ Delete
NAME TRAUBENBERG, NEIL D
STREET ADDRESS 4949 HARRISON AVENUE
CITY-ST-ZIP ROCKFORD IL

TITLE P ☐ Change ☒ Addition
NAME Jean Claude Pharamond
STREET ADDRESS 201 Ivyland Rd.
CITY-ST-ZIP Ivyland, PA 18974

TITLE AT ☒ Delete
NAME CARLSON, JAMES R
STREET ADDRESS 4949 HARRISON AVENUE
CITY-ST-ZIP ROCKFORD IL

TITLE S ☐ Change ☒ Addition
NAME Michael A. Monts
STREET ADDRESS 1 Hamilton Rd.
CITY-ST-ZIP Windsor

TITLE AT ☒ Delete
NAME COOLE, WILLIAM R
STREET ADDRESS 4949 HARRISON AVENUE
CITY-ST-ZIP ROCKFORD IL

TITLE AT ☐ Change ☒ Addition
NAME Kevin Bisson
STREET ADDRESS 1 Hamilton Rd.
CITY-ST-ZIP Windsor Locks, CT 06096

TITLE VPD ☒ Delete
NAME COOLIDGE, ANSON S.
STREET ADDRESS 201 IVYLAND ROAD
CITY-ST-ZIP ROCKFORD IL

TITLE AS ☐ Change ☒ Addition
NAME Chet Malinowski Jr.
STREET ADDRESS 1 Financial Plaza
CITY-ST-ZIP Hartford, CT 06103

TITLE T ☒ Delete
NAME DONOVAN, PAUL
STREET ADDRESS 4949 HARRISON AVENUE
CITY-ST-ZIP ROCKFORD IL

TITLE AS ☐ Change ☒ Addition
NAME Edward A. Gailing
STREET ADDRESS 1 Financial Plaza
CITY-ST-ZIP Hartford, CT 06103

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: Jean-Claude PHARAMOND *President*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

18 APR 2000

215 441 7872

Date

Daytime Phone #

CR2E034 (9/99)