

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2001 8:00 am**  
**Secretary of State**

05-01-2001 90118 040 \*\*\*150.00

**DOCUMENT # 812387**

1. Entity Name

**HOOPER HOLMES, INC.**

Principal Place of Business

**170 MT AIRY RD  
BASKING RIDGE NJ 07920-2022**

Mailing Address

**170 MT AIRY RD  
BASKING RIDGE NJ 07920-2022**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **22-1659359**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYES ST, STE 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

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

(NOTE: Registered Agent's 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, 2001 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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>NOLAN JR, JOHN E</b>	
STREET ADDRESS	<b>1330 CONNECTICUT AVENUE</b>	
CITY-ST-ZIP	<b>WASHINGTON, DC 00000</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>WIGHT, G. E</b>	
STREET ADDRESS	<b>59 ORIOLE ROAD</b>	
CITY-ST-ZIP	<b>TORONTO ON</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>JEWETT, ROBERT</b>	
STREET ADDRESS	<b>71 WEXFORD WAY</b>	
CITY-ST-ZIP	<b>BASKING RIDGE NJ</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>LASH, FRED</b>	
STREET ADDRESS	<b>14 MIRADOR COURT</b>	
CITY-ST-ZIP	<b>DENVILLE NJ</b>	
TITLE	<b>PDC</b>	<input type="checkbox"/> Delete
NAME	<b>MCNAMEE, JAMES M</b>	
STREET ADDRESS	<b>ONE MARY KNOLL DRIVE</b>	
CITY-ST-ZIP	<b>NEW VERNON FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 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	<b>VP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>JOSEPH A. MARONE</b>	
STREET ADDRESS	<b>170 MOUNT AIRY ROAD</b>	
CITY-ST-ZIP	<b>BASKING RIDGE, NJ 07920</b>	

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 supplement 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Joseph A. Marone**  
**V.P./Controller**

**4/27/01**

Date

**(904) 766-5000**

Daytime Phone #

CR2E034 (10/00)