2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT #815223** Jan 27, 2000 8:00 am Secretary of State 1. Entity Name LANE CONSTRUCTION CORPORATION THE 01-27-2000 90101 019 ***150.00 Mailing Address Principal Place of Business 965 E MAIN ST 965 E MAIN ST MERIDEN CT 06450-6006 MERIDEN CT 06450-6004 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 06-0421150 Not Applicable Zip Country 7io Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 06450-6004 7. Name and Address of New Registered Agent 5. Name and Address of Current Registered Agent المستراك فالمتعلق بالرام CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD **PLANTATION FL 33324** City 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS Schedules 12. Attached ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Addition Change TITI E Delete TITLE LLEWELLYN.N.W. NAME 9 GREENWICH LANE STREET ADDRESS STREET ADDRESS **AVON CT 06001** CITY-ST-ZIP CITY-ST-ZIP PCD ☐ Change Addition TITLE ☐ Delete WETMORE.B.F. NAME STREET ADDRESS 1210 KENSINGTON RD. STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP KENSINGTON CT - Change Addition_ ☐ Delete_ TITLE TITLE STAPLETON, R.D. NAME NAME 36 LINDEN SHORES STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BRANFORD CT 06405** Addition TITLE ☐ Change ☐ Delete CROSS, D.M. NAME NAME STREET ADDRESS STREET ADDRESS 66 HERITAGE DRIVE CITY-ST-ZIP CITY-ST-ZIP KENSINGTON CT ☐ Addition Change ☐ Delete TITLE wittmer. D. E. NAME STREET ADDRESS **5 RED MOUNTAIN LANE** STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP AVON CT TAS Change ☐ Addition ☐ Defete TITLE Jayne G. Mather NAME STREET ADDRESS 198 MAIN STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DEEP RIVER CT

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:

Jaynells: Mather, Treasurer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/00

(203)235-3351

Date

Daytime Phone #