

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 22, 2002 8:00 am**  
**Secretary of State**

04-22-2002 90124 005 \*\*\*150.00

DOCUMENT # 816312  
1. Entity Name  
PE CORPORATION (NY)

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <u>301 MERRITT 7</u> Suite, Apt. #, etc.		3. Mailing Address <u>301 MERRITT 7</u> Suite, Apt. #, etc. <u>P.O. Box 5435</u>	
City & State <u>NORWALK CT</u>		City & State <u>NORWALK CT</u>	
Zip <u>06856</u>	Country <u>USA</u>	Zip <u>06856-5435</u>	Country <u>USA</u>

DO NOT WRITE IN THIS SPACE

4. FEI Number  
06-0490270

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
CT CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable)  
1200 South Pine Island Road

City  
PLANTATION FL Zip Code  
33324

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)

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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 NAME STREET ADDRESS CITY - ST - ZIP	<u>P/D</u> <u>Tony L. White</u> <u>301 MERRITT 7</u> <u>NORWALK, CT 06856</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>V/D</u> <u>William B. Sawch</u> <u>301 MERRITT 7</u> <u>NORWALK, CT 06856</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>S</u> <u>Thomas P Livingston</u> <u>301 MERRITT 7</u> <u>NORWALK, CT 06856</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>T</u> <u>John S Ostaszewski</u> <u>301 MERRITT 7</u> <u>NORWALK, CT 06856</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>V/D</u> <u>Dennis L Winger</u> <u>301 MERRITT 7</u> <u>NORWALK, CT 06856</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS 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)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: John S Ostaszewski John S. OSTASZEWSKI 4/12/02 (203) 840-2610  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)