

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90136 033 ***150.00

DOCUMENT # 816312



1. Entity Name
PE CORPORATION (NY)

Principal Place of Business
**301 MERRITT 7
NORWALK CT 06856
US**

Mailing Address
**301 MERRITT 7
PO BOX 5435
NORWALK CT 06856
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **06-0490270**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	WHITE, TONY L	
STREET ADDRESS	301 MERRITT 7	
CITY-ST-ZIP	NORWALK CT 06856	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SAWCH, WILLIAM B	
STREET ADDRESS	301 MERRITT 7	
CITY-ST-ZIP	NORWALK CT 06856	
TITLE	S	<input type="checkbox"/> Delete
NAME	LIVINGSTON, THOMAS P	
STREET ADDRESS	301 MERRITT 7	
CITY-ST-ZIP	NORWALK CT 06856	
TITLE	T	<input type="checkbox"/> Delete
NAME	OSTASZEWSKI, JOHN S	
STREET ADDRESS	301 MERRITT 7	
CITY-ST-ZIP	NORWALK CT 06856	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WINGER, DENNIS L	
STREET ADDRESS	301 MERRITT 7	
CITY-ST-ZIP	NORWALK CT 06856	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	OSTASEWSKI, JOHN S	
STREET ADDRESS	761 MAIN AVENUE	
CITY-ST-ZIP	NORWALK CT 06859-0179	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SICILIA** **REQUIRED** **John S. OSTASZEWSKI** 1/16/03 (203) 840-2610
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)