

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90195 028 ***150.00

DOCUMENT # 823268

1. Entity Name
CARVEL CORPORATION



Principal Place of Business
**20 BATTERSON PARK ROAD
FARMINGTON CT 06032**

Mailing Address
**20 BATTERSON PARK ROAD
FARMINGTON CT 06032**

2. Principal Place of Business
175 CAPITAL BLVD

3. Mailing Address
175 CAPITAL BLVD

Suite, Apt. #, etc.
STE 410

Suite, Apt. #, etc.
STE 400

City & State
ROCKY HILL, CT

City & State
ROCKY HILL, CT

Zip
06067

Country
USA

Zip
06067

Country
USA



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

4. FEI Number **13-1700770**

Applied For
 Not Applicable

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COB FELLINGHAM, STEVEN 20 BATTERSON PARK ROAD FARMINGTON CT <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GOTTLIEB, STEVEN L 20 BATTERSON PARK ROAD FARMINGTON CT <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KERN, SCOTT 200 BATTERSON PARK ROAD FARMINGTON CT <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BONASSAR, JOSEPH M 20 BATTERSON PARK RD FARMINGTON CT 06032 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRESSLY, SCOTT H 20 BATTERSON PARK ROAD FARMINGTON CT 06032 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT/DIRECTOR STEVE ROMANELLO 175 CAPITAL BLVD, STE 400 ROCKY HILL, CT 06067 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO/DIRECTOR THANE PRESSMAN 175 CAPITAL BLVD, STE 400 ROCKY HILL, CT - 06067 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP, CONTROLLER ROBERT J. CAROLIN 175 CAPITAL BLVD, STE 400 ROCKY HILL, CT 06067 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR NEAL ARONSON 175 CAPITAL BLVD, STE 400 ROCKY HILL, CT 06067 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 an other like empowered.

SIGNATURE: **SIGNATURE REQUIRED Robert J. Carolin** 02/19/03 (860) 257-4448

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)