

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 825545

1. Entity Name

TURBO POWER AND MARINE SYSTEMS, INC.

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90182 039 ***150.00

Principal Place of Business	Mailing Address
400 MAIN ST M/S 191-11 EAST HARTFORD CT 06108 US	400 MAIN ST M/S 191-11 EAST HAMPTON CT 06108-0968 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	06-0865597	Applied For	<input type="checkbox"/>	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required		

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

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)	<input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAI, ROHIT	NAME	
STREET ADDRESS	400 MAIN ST, M/S 191-11	STREET ADDRESS	
CITY-ST-ZIP	EAST HARTFORD CT 06108	CITY-ST-ZIP	
TITLE	C <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TEVNAN, BRIAN M	NAME	
STREET ADDRESS	400 MAIN ST, M/S 191-11	STREET ADDRESS	
CITY-ST-ZIP	EAST HAMPTON CT 06108	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENDERSON, FERGUS	NAME	Dionne V. Cooper
STREET ADDRESS	400 MAIN ST, M/S 191-11	STREET ADDRESS	400 Main Street
CITY-ST-ZIP	EAST HAMPTON CT 06108	CITY-ST-ZIP	East Hartford, CT 06108
TITLE	D <input type="checkbox"/> Delete	TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHISTON, RICHARD M.	NAME	C. Paul Beach, Jr.
STREET ADDRESS	400 MAIN ST	STREET ADDRESS	400 Main Street M/S 191-11
CITY-ST-ZIP	EAST HARTFORD CT	CITY-ST-ZIP	East Hartford, CT 06108
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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)(l), 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: Dionne V. Cooper 2/3/00 860-565-1971
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #