2001 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 01, 2001 8:00 am Secretary of State **DOCUMENT #836964** 1. Entity Name MAIN STREET MANAGEMENT COMPANY 02-01-2001 90130 015 ***150.00 Principal Place of Business Mailing Address 924-926 N MAIN ST. EXT 924-926 N MAIN ST. EXT PO BOX 5850 PO BOX 5850 WALLINGFORD CT 06492 WALLINGFORD CT 06492 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 06-0811437 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HERR, JOHN M., SR. Street Address (P.O. Box Number is Not Acceptable) 8735 MIDNIGHT PASS DRIVE, APT. 403-B SARASOTA FL 34242 Zip Code FI 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITI F ☐ Delete TITLE Vice President HOLDEN, DEBORAH H. NAME NAME Doug Endorf STREET ADDRESS 9 FAIRLAWN DRIVE STREET ADDRESS 72 Peterson Rd. Granby, CT 06035 CITY-ST-ZIP WALLINGFORD CT CITY-ST-ZIP Sr. Vice President TITLE Addition ☐ Delete TITLE Change HOLDEN, DEBORAH H NAME NAME Robert Primmer 47 Wyngate Simsbury, CT STREET ADDRESS 9 FAIRLAWN DR. STREET ADDRESS CITY-ST-ZIP WALLINGFORD CT 06492 CITY-ST-7IP 06070 Exec.Vice President TITLE ☐ Delete TITLE ☐ Change **K**Addition HERR, JOHN M ... NAME Simon Tan NAME STREET ADDRESS 8735 MIDNIGHT PASS DRIVE 138 Balfour Dr. West Hartford, CT STREET ADDRESS CITY-ST-ZIP SARASOTA FL CITY-ST-ZIP SD TITLE ☐ Delete TITLE Exec. VP, Secretary *XChange ☐ Addition HUGO, MARK E NAME NAME Mark Hugo STREET ADDRESS 120 POND HILL RD 120 Pond Hill Rd. Wallingford, CT STREET ADDRESS CITY-ST-7IP WALLINGFORD CT 06492 CITY-ST-ZIP XX Delete vice President TITLE TITLE ☐ Change *Addition EISENMANN, CHARLES NAME Glenn Pease NAME STREET ADDRESS 39 SCHOOL ST 32 Smithbrook Terrace STREET ADDRESS CITY-ST-ZIP Glastonbury, CT 06033 MARION CT 06444 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition Senior Vice President Michael Gilotti NAME NAME

46 Meadow Ridge Avon, CT 06001 I hereby certify that the information supplied with this filling 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 true e 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.

CNATIBE:

CNATIBE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

OF SIGNING OFFICER OR DIRECTOR

Date

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DOCU	MENT #836964			
Principal Plat 924-926 N MAIN PO BOX 5850 WALLINGFORD		Mailing Address 924-926 N MAIN ST. EXT PO BOX 5850 WALLINGFORD CT 06492		B00/4529
2. Principal Place of Business 3. Mailing Address				
Suite, Apt. #, etc. Suite. /		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE
City & Sta	ate	City & State		4. FEI Number 06-0811437 Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired See Required Fee Required
	6. Name and Address of Curre	ent Registered Agent	Name	7. Name and Address of New Registered Agent
HERR, JOHN M., SR. 8735 MIDNIGHT PASS DRIVE, APT. 403-B SARASOTA FL 34242			idress (P.O. Box Number is Not Acceptable)	
			City	FL Zip Code
Tax filling	Signature, typod or printed name of registered ag- poration is eligible to satisfy its Inlangi g requirement and elects to do so, eria on back)	ble FILE NOW After MAY 1, 2	TE: Registered Agent signature (111): FEE IS \$150.0001 Fee will be \$5 bie to Department	10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PR HOLBEN, DEBORAH H.	Detete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP, Secretary □ Change ☑ ★ddilion John Beers 15 Fernwood Rd. West Hartford, CT 06107
NAME STREET ADDRESS CITY-ST-ZIP	WALLINGFORD CT 06492	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Ray Cummings 198 Thayer Rd. Higganum, CT 06441
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SARASOTA FL	Delete = **	NAME STEET ADDRESS CITY-ST-ZIP	Change € ddltion
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HUGO, MARK E 120 POND HILL BB WALLINGFORD CT 06492	☐ Delete	TITILE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐☐ Change
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP EISENMAMN, CHARLES 39 SCHOOL ST MARION CT 06444	□ belete	TIT-LE NAIME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CHY-ST-ZIP	☐ Change ☐ Addition
indicated of the co	d on this report or supplemental repor	rt is true and accurate and that appowered to execute this report	my signature shall ha t as required by Char	ed in Section 119.07(3)(i), Florida Statutes. I further certify that the information tive the same legal effect as if made under oath; that I am an officer or director oter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR