

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 852490****1. Entity Name**
SUNMOUNT CORPORATION**Principal Place of Business****P O BOX 800**
ROANOKE TX 76262
US**Mailing Address****P O BOX 800**
ROANOKE TX 76262
US**2. Principal Place of Business**

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number**87-0368152**

Applied For

Not Applicable

5. Certificate of Status Desired☐ **\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent****CT CORPORATION SYSTEM**
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**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.

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) ☒**FILE NOW!!! FEE IS \$150.00**
After May 1, 2002 Fee will be \$550.00
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	PD	<input type="checkbox"/> Delete
NAME	CROSS, DONALD M.	
STREET ADDRESS	66 HERITAGE DRIVE	
CITY-ST-ZIP	KENSINGTON CT	
TITLE	STD	<input type="checkbox"/> Delete
NAME	BROWN, R. ALLYN	
STREET ADDRESS	3032NO. MONET COURT	
CITY-ST-ZIP	FLOWER MOUND TX	
TITLE	AST	<input type="checkbox"/> Delete
NAME	MATHER, JAYNE G.	
STREET ADDRESS	198 MAIN ST.	
CITY-ST-ZIP	DEEP RIVER CT	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WETMORE, BYRON F	
STREET ADDRESS	1210 KENSINGTON ROAD	
CITY-ST-ZIP	KENSINGTON CT 06037	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Alger, Robert E.	
STREET ADDRESS	45 Nottingham Ridge	
CITY-ST-ZIP	Avon, CT 06001	
TITLE	Assistant Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Caiola, Vincent J.	
STREET ADDRESS	220 Deer Run Trail	
CITY-ST-ZIP	Manchester, CT 06040	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.**SIGNATURE:** *Jayne G. Mather* **Assistant Treasurer**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/02

Date

(203) 235-3351

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)