

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90049 020 ***150.00

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 87-0368152

Applied For

Not Applicable

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

Signature, typed or printed name of registered agent and title if applicable.

(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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME CROSS, DONALD M.
STREET ADDRESS 66 HERITAGE DRIVE
CITY-ST-ZIP KENSINGTON CT

TITLE Vice President ☐ Change ☒ Addition
NAME Gregory E. Hutyra
STREET ADDRESS 2813 Roundup Trail
CITY-ST-ZIP Grapevine, TX 76051

TITLE STD ☐ Delete
NAME BROWN, R. ALLYN
STREET ADDRESS 3032NO. MONET COURT
CITY-ST-ZIP FLOWER MOUND TX

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE AST ☐ Delete
NAME MATHER, JAYNE G.
STREET ADDRESS 198 MAIN ST.
CITY-ST-ZIP DEEP RIVER CT

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME ALGER, ROBERT
STREET ADDRESS 45 NOTTINGHAM RIDGE
CITY-ST-ZIP AVON CT 06001

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE AT ☐ Delete
NAME CAILOA, VINCENT
STREET ADDRESS 220 DEER RUN TRAIL
CITY-ST-ZIP MANCHESTER CT 06040

TITLE ☒ Change ☐ Addition
NAME Vincent J. Caiola
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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: **Jayne G. Mather, Assistant Treasurer** 4/11/03 (203) 235-3351

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)