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Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90112 023 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 856609

1. Corporation Name
PHOENIX FOUNDERS, INC.

Principal Place of Business

Mailing Address

38 PROSPECT ST
HARTFORD CT 06115
US

38 PROSPECT ST
HARTFORD CT 06115
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/01/1983

4. FEI Number

06-0860167

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

UNITED STATES CORPORATION COMPANY
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	SCOTT, NOBLE C.	
STREET ADDRESS	291 PROSPECT ST	
CITY-ST-ZIP	WAST LONGMEADOW MA	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	RUBIN, BARBARA	
STREET ADDRESS	18 WILLOW GREEN WAY	
CITY-ST-ZIP	GLASTONBURY CT	
TITLE	ASVP	<input type="checkbox"/> DELETE
NAME	FLEMING, II., LAURENCE P	
STREET ADDRESS	39 CART ROAD	
CITY-ST-ZIP	GLASTONBURY CT	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	CARTER, JAMES S.	
STREET ADDRESS	1081-1/2 FARMINGTON AVE	
CITY-ST-ZIP	WEST HARTFORD CT	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	BLOMQUIST, STEVEN R.	
STREET ADDRESS	24 ALICE LANE	
CITY-ST-ZIP	HERBRON CT	
TITLE	VPAT	<input type="checkbox"/> DELETE
NAME	DENYER, DOUGLAS G.	
STREET ADDRESS	129 COUNTRY VIEW DRIVE	
CITY-ST-ZIP	S. WINDSOR CT	

1.1 TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Hoyes, Gerald W.	
1.3 STREET ADDRESS	38 Prospect St	
1.4 CITY-ST-ZIP	Hartford, CT 06115-0479	
2.1 TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	O'Day, Terence P	
2.3 STREET ADDRESS	38 Prospect St	
2.4 CITY-ST-ZIP	Hartford, CT 06115-0479	
3.1 TITLE	Vice President / secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	Second VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Greer, Pamela S	
5.3 STREET ADDRESS	30 Prospect St	
5.4 CITY-ST-ZIP	Hartford, CT 06115-0479	
6.1 TITLE	Second VP / Asst Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X Denyer, Douglas G. 2-5-99 860-403-7132

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)