2000 UNIFORM BUSINESS REPORT (UBR) FILED Jan 25, 2000 8:00 am Secretary of State DOCUMENT # 857717 1. Entity Name SAGEMARK CONSULTING, INC. 01-25-2000 90117 012 ***150.00 Mailing Address Principal Place of Business 900 COTTAGE GROVE RD. C/O TRINA MILLS 1300 S CLINTON STREET BLOOMFIELD CT 06002 ~~~~~ FORT WAYNE IN 46802-3506 2. Principal Place of Business 3. Mailing Address 200 East Berry Street 350 Church Street Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 06-0841987 Fort Wayne, IN Not Aprillian Hartford, CT Zip Country 06103 Country \$8.75 Additional 5. Certificate of Status Desired Fee.Required 47802-2706 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301 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. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. SV ☐ Change X Addition TITLE VP and Treasurer TITLE ☐ Delete MCMATH, MICHAEL E NAME NAME Janet C. Chrzan STREET ADDRESS 350 CHURCH STREET STREET ADDRESS 1500 Market Street, Suite 3900 CITY-ST-ZIP HARTFORD CT 06103-1106 CITY-ST-7IP Philadelphia, PA 19102-2112 ☐ Delete TITLE ☐ Change X Addition TITLE Assistant Secretary CARLTON, JEFFREY C NAME Trina Mills 350 CHURCH STREET STREET ADDRESS STREET ADDRESS 200 East Berry Street CITY-ST-ZIP HARTFORD CT 06103-1106 CITY-ST-ZIP Fort Wayne, IN 46802-2706 CCAS ☐ Change Addition TITLE Delete PICARELLO, ROBERT A. NAME NAME 900 COTTAGE GROVE RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BLOOMFIELD CT 06002** CITY-ST-ZIP DP TITLE Addition TITLE ☐ Delete HEMP, MICHAEL J NAME NAME STREET ADDRESS STREET ADDRESS 1300 S. CLINTON ST. CITY-ST-ZIP CITY-ST-ZIP **FT. WAYNE IN 46802**

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.

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

☐ Delete

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

VCFO

LYNCH, MATT

350 CHURCH STREET

ROSE, CYNTHIA A

1300 S CLINTON ST

FORT WAYNE IN 46802

HARTFORD CT 06103-1106

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SE REQUIRITAINA Mills, Asst. Sec.

./12/2000

219/455-2562

☐ Addition

□ Addition

Date

Daytime Phone #

☐ Change

☐ Change