

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2002 8:00 am
Secretary of State

02-28-2002 90022 021 ***150.00

DOCUMENT # F00000003906

1. Entity Name
POSEIDON RESOURCES CORPORATION

Principal Place of Business
1055 WASHINGTON BLVD.
STAMFORD CT 06901

Mailing Address
1055 WASHINGTON BLVD.
STAMFORD CT 06901

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

4. FEI Number
52-1922473

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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 _____ (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 ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PCD** ☒ Delete
NAME **HOWARD, WALTER Q**
STREET ADDRESS **1055 WASHINGTON BLVD.**
CITY-ST-ZIP **STAMFORD CT 06901**

TITLE **SCD PCD** ☐ Change ☒ Addition
NAME **SCOTT H. PEARCE**
STREET ADDRESS **1055 Washington Blvd**
CITY-ST-ZIP **STAMFORD, CT 06901**

TITLE **VPD** ☐ Delete
NAME **WINROW, WALTER J**
STREET ADDRESS **1055 WASHINGTON BLVD.**
CITY-ST-ZIP **STAMFORD CT 06901**

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

TITLE **T** ☐ Delete
NAME **KINGMAN, ANDREW P**
STREET ADDRESS **1055 WASHINGTON BLVD.**
CITY-ST-ZIP **STAMFORD CT 06901**

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

TITLE **ASAT** ☐ Delete
NAME **IESSI, ANTHONY**
STREET ADDRESS **1055 WASHINGTON BLVD.**
CITY-ST-ZIP **STAMFORD CT 06901**

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

TITLE **SD** ☐ Delete
NAME **LOWTHER, FREDERICK M**
STREET ADDRESS **2101 L STREET NW**
CITY-ST-ZIP **WASHINGTON DC 20037**

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

TITLE **D** ☐ Delete
NAME **MAKOWSKI, JACEK**
STREET ADDRESS **1R WALKER ROAD**
CITY-ST-ZIP **MANCHESTER MA 01944**

TITLE ☐ Change ☐ 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: Anthony Iessi (Anthony Iessi)
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/02
 Date

203-327-7740
 Daytime Phone #

CR2E034 (9/01)