

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 07, 2001 8:00 am
Secretary of State

05-07-2001 90001 042 ***150.00

DOCUMENT # F00000004657

1. Entity Name
THE ALLIED GROUP INC. - DEL



DO NOT WRITE IN THIS SPACE

Principal Place of Business
628 HEBRON AVENUE, BUILDING TWO
GLASTONBURY CT 06033

Mailing Address
628 HEBRON AVENUE, BUILDING TWO
GLASTONBURY CT 06033

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 06-1127955

Applied For
Not Applicable

Zip Country Zip Country

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

C T CORPORATION SYSTEM
1200 SOUTH 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.

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	MIGLIETTA, IRVIN J	628 HEBRON AVENUE, BUILDING TWO	GLASTONBURY CT 06033	<input type="checkbox"/>
V	PAGE, JOSEPH E	1980 PRESTON WHITE DRIVE, SUITE 100	RESTON VA 20191	<input type="checkbox"/>
V	COLLEARY, THOMAS J	628 HEBRON AVENUE, BUILDING TWO	GLASTONBURY CT 06033	<input type="checkbox"/>
T	MOORE, THOMAS W	628 HEBRON AVENUE, BUILDING TWO	GLASTONBURY CT 06033	<input type="checkbox"/>
S	WATTS, FIONA P	628 HEBRON AVENUE, BUILDING TWO	GLASTONBURY CT 06033	<input type="checkbox"/>
D	CORDULACK, CALVIN E	31 RALSEY ROAD SOUTH	STAMFORD CT 06902	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
A	MCLISTER, MICHAEL J.	1180 HAWLING PLACE	LEESBURG, VA 20175	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	DOYLE, FRANK	47 APPLEWOOD LANE	AVON, CT 06001	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VD	PAGE, JOSEPH E	1980 PRESTON WHITE DRIVE, SUITE 800	RESTON, VA 20191	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FIONA P. WATTS 4/26/01

Date

Daytime Phone #

CR2E034 (10/00)