

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90201 038 ***150.00

DOCUMENT # F01000004072

1. Entity Name

AMERICAN HOME PARTNERS, INC.

Principal Place of Business

**20 REALTY DRIVE
 CHESHIRE CT 06410**

Mailing Address

**20 REALTY DRIVE
 CHESHIRE CT 06410**

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

06-1611373

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525**

7. Name and Address of New Registered Agent

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)

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
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	HENDEL, GREGORY J	
STREET ADDRESS	20 REALTY DRIVE	
CITY-ST-ZIP	CHESHIRE CT 06410	
TITLE	V	<input type="checkbox"/> Delete
NAME	MASCIANA, VINCENT J	
STREET ADDRESS	20 REALTY DRIVE	
CITY-ST-ZIP	CHESHIRE CT 06410	
TITLE	V	<input type="checkbox"/> Delete
NAME	KITSON, ANDREW T	
STREET ADDRESS	20 REALTY DRIVE	
CITY-ST-ZIP	CHESHIRE CT 06410	
TITLE	VT	<input type="checkbox"/> Delete
NAME	KRYSTOPA, ROGER J	
STREET ADDRESS	20 REALTY DRIVE	
CITY-ST-ZIP	CHESHIRE CT 06410	
TITLE	VS	<input type="checkbox"/> Delete
NAME	MACDONALD, LISA K	
STREET ADDRESS	20 REALTY DRIVE	
CITY-ST-ZIP	CHESHIRE CT 06410	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BAUER, JON R	
STREET ADDRESS	20 REALTY DRIVE	
CITY-ST-ZIP	CHESHIRE CT 06410	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gregory J. Hendel Director

4/11/02

Date

203-699-3402

Daytime Phone #

CR2E034 (9/01)