

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2002 8:00 am**  
**Secretary of State**

04-28-2002 90786 037 \*\*\*150.00

**DOCUMENT # F01000005726**

1. Entity Name

**THE HARTFORD STEAM BOILER INSPECTION AND INSURANCE COMPANY OF CONNECTICUT**

Principal Place of Business

**ONE STATE STREET  
 HARTFORD CT 06102-5024**

Mailing Address

**P.O. BOX 5024  
 HARTFORD CT 06102-5024**

2. Principal Place of Business

3. Mailing Address

**P.O. Box 299**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**06-1240885**

Applied For

Not Applicable

Zip

Country

Zip

Country

**06102-5024**

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. ☐

**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<del>BOOTH, RICHARD H</del>	<input type="checkbox"/> Delete
NAME	<b>BOOTH, RICHARD H</b>	
STREET ADDRESS	<b>ONE STATE STREET</b>	
CITY-ST-ZIP	<b>HARTFORD CT 06102-5024</b>	
TITLE	<b>V</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>O'BRIEN, ROBERTA ANN</b>	
STREET ADDRESS	<b>ONE STATE STREET</b>	
CITY-ST-ZIP	<b>HARTFORD CT 06102-5024</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>PRICE, RICHARD K</b>	
STREET ADDRESS	<b>ONE STATE STREET</b>	
CITY-ST-ZIP	<b>HARTFORD CT 06102-5024</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>BASCH, SAUL L</b>	
STREET ADDRESS	<b>ONE STATE STREET</b>	
CITY-ST-ZIP	<b>HARTFORD CT 06102-5024</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>HECKLES, WILLIAM M</b>	
STREET ADDRESS	<b>ONE STATE STREET</b>	
CITY-ST-ZIP	<b>HARTFORD CT 06102-5024</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MERCIER, NORMAND</b>	
STREET ADDRESS	<b>ONE STATE STREET</b>	
CITY-ST-ZIP	<b>HARTFORD CT 06102-5024</b>	

TITLE	<b>P</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>James H. Hoff</b>	
STREET ADDRESS	<b>One State Street</b>	
CITY-ST-ZIP	<b>Hartford, CT 06103</b>	
TITLE	<b>D.V.T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Jack E. Volynski</b>	
STREET ADDRESS	<b>One State St.</b>	
CITY-ST-ZIP	<b>Hartford, CT 06103</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>George Reider</b>	
STREET ADDRESS	<b>One State St.</b>	
CITY-ST-ZIP	<b>Hartford, CT 06103</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Barry Bobo</b>	
STREET ADDRESS	<b>One State St</b>	
CITY-ST-ZIP	<b>Hartford, CT 06103</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Keith Burns</b>	
STREET ADDRESS	<b>One State St</b>	
CITY-ST-ZIP	<b>Hartford CT 06103</b>	
TITLE	<b>V.S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Jean Cohn</b>	
STREET ADDRESS	<b>One State St</b>	
CITY-ST-ZIP	<b>Hartford, CT 06103</b>	

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

**4/12/02** **860-722-5724**

Date

Daytime Phone #

CR2E034 (9/01)

Attachment

DOC#FOI000005726/642413

**The Hartford Steam Boiler Inspection and Insurance Company of Connecticut**

2002 Uniform Business Report  
FEI Number 06-1240885

Additions/Changes to Officers and Directors in 11

Title: V

Name: Barry B. Dexter

Address: One State Street, Hartford, CT 06103

Title: V

Name: Thomas P. Pastor

Address: One State Street, Hartford CT 06103