

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90213 004 ***150.00

DOCUMENT # F02000001306

1. Entity Name
BOA PROPERTIES, INC.



Principal Place of Business
ONE AMERICAN ROW
HARTFORD CT 06102

Mailing Address
ONE AMERICAN ROW
HARTFORD CT 06102

80013964



2. Principal Place of Business

3. Mailing Address

40 John H. Beers

Suite, Apt. #, etc.

Suite, Apt. #, etc.

One American Row

City & State

City & State

Hartford CT

Zip

Country

Zip

Country

06102

USA

4. FEI Number 06-1549143

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

☒ **CHECK HERE IF MAKING CHANGES**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.



**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
WILKOS, CHRISTOPHER M
756 MAIN STREET
SOUTH WINDSOR CT 06074

☐ **Delete**

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VS
BEERS, JOHN H
15 FERNWOOD ROAD
WEST HARTFORD CT 06119

☐ **Delete**

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VAS
BUCK, BRADFORD H
18 RIVERVIEW CIRCLE
MARLBOROUGH CT 06447

☐ **Delete**

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
CUMMINGS, RAYMOND E
198 THAYER ROAD
HIGGANUM CT 06441

☒ **Delete**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Second VP Treasurer
Katherine P. Cady
50 Prospect Street
Hartford, CT 06115
☐ **Change** ☒ **Addition**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
AT
GUAZZELLI, SUSAN L
38 TRAILSEND DRIVE
CANTON CT 06019

☐ **Delete**

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
AT
LUEBECK, MARLENE E
85 NORTH MAIN STREET, UNIT 60
EAST HAMPTON CT 06424

☐ **Delete**

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED John H. Beers

01-16-03

(860) 463-5050

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)