

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90961 014 ***150.00

DOCUMENT # F02000005310

1. Entity Name
IWT TESORO CORPORATION



Principal Place of Business
**5 WICKS LANE
WILTON CT 06897**

Mailing Address
**5 WICKS LANE
WILTON CT 06897**

2. Principal Place of Business
**191 POST ROAD WEST
Suite, Apt. #, etc.
#10**

3. Mailing Address
**191 POST ROAD WEST
Suite, Apt. #, etc.
#10**

City & State
**WESTPORT, CT
Zip 06880 Country USA**

City & State
**WESTPORT, CT
Zip 06880 Country U.S.A.**

4. FEI Number **91-2048019**

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

**COLEMAN, GAYLE
2101 NW BOCA RATON BLVD.
SUITE 1
BOCA RATON FL 33431**

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

SIGNATURE *Gayle Coleman*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/25/03

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

TITLE	DPT	<input type="checkbox"/> Delete
NAME	BOUCHER, HENRY J JR.	
STREET ADDRESS	5 WICKS LANE	
CITY-ST-ZIP	WILTON CT 06897	
TITLE	DS	<input type="checkbox"/> Delete
NAME	EDWARDS, JAMES R	
STREET ADDRESS	13912 MERCADO DR.	
CITY-ST-ZIP	DEL MAR CA 92014	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BOUCHER, PAUL F	
STREET ADDRESS	P.O. BOX 412	
CITY-ST-ZIP	PALM CITY FL 33491	
TITLE	D	<input type="checkbox"/> Delete
NAME	PERNA, GREY	
STREET ADDRESS	P.O. BOX 412	
CITY-ST-ZIP	PALM CITY FL 33491	
TITLE	S	<input type="checkbox"/> Delete
NAME	COLEMAN, GAYLE	
STREET ADDRESS	2101 NW BOCA RATON BLVD. SUITE 1	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	D	<input type="checkbox"/> Delete
NAME	James Lafond	
STREET ADDRESS	1005 Eaton Drive	
CITY-ST-ZIP	McLean, VA 22102	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Carl Anderson	
STREET ADDRESS	2400 Bernville Road	
CITY-ST-ZIP	Reading, PA 19605	
TITLE	D, VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Forrest Jordan	
STREET ADDRESS	4401 S. W. Port Way	
CITY-ST-ZIP	Palm City, FL 34990	
TITLE	D, VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D, VP	
STREET ADDRESS	4401 S. W. Port Way	
CITY-ST-ZIP	Palm City, FL 34990	
TITLE	D, VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D, VP	
STREET ADDRESS	4401 S. W. Port Way	
CITY-ST-ZIP	Palm City, FL 34490	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Allen Rosenberg	
STREET ADDRESS	24 Wicks End Lane	
CITY-ST-ZIP	Wilton, CT 06897	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *James Lafond* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/03 203/221-2770

Date

Daytime Phone #

CR2E034 (10/02)