

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FOREIGN PROFIT/NONPROFIT CORPORATION

Saybrus Equity Services, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	07
Estimated Charge	\$70.00

APR 15 2010

D. A. WHITE

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10 APR 14 PM 4:27

RECEIVED

2010 APR 14 AM 10:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE OF FLORIDA
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

4/15/10
Zip Codes Correct per
Freddie @ CT

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2010 APR 14 A 10:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Saybrus Equity Services, Inc.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Moira C. Lowe

Name of Person

Saybrus Equity Services, Inc.

Firm/Company

One American Row

Address

Hartford, CT 06102

City/State and Zip code

mloze@saybruspartners.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Moira C. Lowell

at (860) 403-5725

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

☐ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &
Certificate of Status

☐ \$78.75 Filing Fee &
Certified Copy

☐ \$87.50 Filing Fee,
Certificate of Status &
Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA

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IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Saybrus Equity Services, Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Delaware

(State or country under the law of which it is incorporated)

3. 27-1629423

(FEI number, if applicable)

4. 02/09/2010

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. Upon Qualification

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. One American Row, Hartford, CT 06103

(Principal office address)

PO Box 5056, Hartford, CT 06102-5056

(Current mailing address)

8. Broker/Dealer

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: CT Corporation System

Office Address: 1200 South Pine Island Road

Plantation

(City)

Florida 33324

(Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

By: Salvina Amenta-Gray

(Registered agent's signature)

SALVINA AMENTA-GRAY
SPECIAL ASSISTANT SECRETARY

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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CLERK OF STATE
TALLAHASSEE, FLORIDA

12. Names and business addresses of officers and/or directors:

A. DIRECTORS SEE ATTACHMENT

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Moir C Lowe

Address: One American Row

Hartford, CT 06103

Director: Edward W Cassidy

Address: One American Row

Hartford, CT 06103

B. OFFICERS SEE ATTACHMENT

President: Moir C Lowe

Address: One American Row

Hartford, CT 06103

Vice President: Aziz Ali

Address: One American Row

Hartford, CT 06103

Secretary: John H Boers

Address: One American Row, Hartford, CT 06103

Treasurer: Susan L Guazzelli

Address: One American Row, Hartford, CT 06103

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Moir C Lowe

(Signature of Director or Officer listed in number 12 of the application)

14. Moir C. Lowe, President

(Typed or printed name and capacity of person signing application)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**Attachment to Florida
Officers & Directors**

- | | | |
|---|-------------------|--------------------------|
| 1 | Full Name: | Edward W Cassidy |
| | Officer/Director: | Officer, Director |
| | Officer's Title: | Executive Vice President |
| | Director's Title: | Other Director |
| | Business Address: | One American Row |
| | City: | Hartford |
| | State: | CT |
| | ZIP Code: | 06103 |
| 2 | Full Name: | Louis DiGiacomo |
| | Officer/Director: | Officer |
| | Officer's Title: | Vice President |
| | Director's Title: | |
| | Business Address: | One American Row |
| | City: | Hartford |
| | State: | CT |
| | ZIP Code: | 06103 |
| 3 | Full Name: | Kevin M. Kimbrough |
| | Officer/Director: | Officer |
| | Officer's Title: | Vice President |
| | Director's Title: | |
| | Business Address: | One American Row |
| | City: | Hartford |
| | State: | CT |
| | ZIP Code: | 06103 |
| 4 | Full Name: | Kathleen A McGah |
| | Officer/Director: | Officer |
| | Officer's Title: | Assistant Secretary |
| | Director's Title: | |
| | Business Address: | One American Row |
| | City: | Hartford |
| | State: | CT |
| | ZIP Code: | 06103 |
| 5 | Full Name: | Philip K Polkinghorn |

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Officer/Director:

Officer's Title:

Director's Title:

Business Address:

City:

State:

ZIP Code:

6 Full Name:

Officer/Director:

Officer's Title:

Director's Title:

Business Address:

City:

State:

ZIP Code:

Director

Other Director

One American Row

Hartford

CT

06103

Gina C O'Connell

Director

Other Director

One American Row

Hartford

CT

06103

Delaware

The First State

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SAYBRUS EQUITY SERVICES, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FOURTEENTH DAY OF APRIL, A.D. 2010.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SAYBRUS EQUITY SERVICES, INC." WAS INCORPORATED ON THE NINTH DAY OF FEBRUARY, A.D. 2010.

4786383 8300

100381784

You may verify this certificate online
at corp.delaware.gov/authver.shtml




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 7929984

DATE: 04-14-10