

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Apr 24, 2002 8:00 am**  
**Secretary of State**

04-24-2002 90313 031 \*\*\*150.00

05/20/02 AT

**DOCUMENT # F92000000747**

1. Entity Name

**NATIONAL FAIRWAYS INC.**

Principal Place of Business

**107 JOHN STREET 3 FLOOR  
SOUTHPORT CT 06490  
US**

Mailing Address

**107 JOHN STREET  
3RD FLOOR  
SOUTHPORT CT 06490  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**22-3128291**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

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)

DATE

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	<b>PCD</b>			
	<b>BERGSCHNEIDER, MARC C</b>	<b>260 REDDING ROAD</b>	<b>EASTON CT 06612</b>	<input type="checkbox"/>

	<b>PD</b>			<input checked="" type="checkbox"/>
	<b>RINALDI, MARC</b>	<b>686 LAKE AVE</b>	<b>GREENWICH CT 06830</b>	<input checked="" type="checkbox"/>

	<b>D</b>			<input type="checkbox"/>
	<b>FENTON, DEAN</b>	<b>550 W AVE</b>	<b>STAMFORD CT 06902</b>	<input type="checkbox"/>

	<b>CFO</b>			<input checked="" type="checkbox"/>
	<b>COHN, MICHAEL S</b>	<b>127 W. PUTNAM AVE #135</b>	<b>GREENWICH CT 06830</b>	<input checked="" type="checkbox"/>

				<input type="checkbox"/>
				<input type="checkbox"/>

				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

**Michael S Cohn**

Date

**4/12/02 203-259-8855**

Daytime Phone #

CR2E034 (9/01)