## 2000 UNIFORM BUSINESS REPORT (UBR)

## $\mathtt{FILED}$ DOCUMENT # F9200000817 Feb 29, 2000 8:00 am 1. Entity Name Secretary of State THE RICHMAN GROUP OF MARYLAND, INCORPORATED 02-29-2000 90116 046 \*\*\*150.00 Principal Place of Business Mailing Address 599 W PUTNAM AVE 599 W PUTNAM AVE Greenwich CT 06830-005 **GREENWICH CT 06830-6005** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FFI Number 52-1710588 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 06830-6005 Fee Required 7. Name and Address of New Registered Agent . . . 6. Name and Address of Current Registered Agent Name THE PRENTICE HALL-CORPORATION SYSTEM, INC. Street Address (P.O. Box Number is Not Acceptable) 1201 HAYES ST., STE. 105 TALLAHASSEE FL 32301 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 . (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE . . . . . . . . . . . . . . . . og Delete TITLE Change ☐ Addition NAME RICHMAN, RICHARD PAUL NAME STREET ADDRESS STREET ADDRESS % THE RICHMAN GROUP, INC., 599 W PUTNAM CITY-ST-ZIP CITY-ST-ZIP **GREENWICH CT** ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME: SALZMAN, DAVID STREET ADDRESS STREET ADDRESS % THE RICHMAN GROUP, INC., 599 WEST PUTNAM CITY-ST-ZIP CITY-ST-7IP GREENWICH CT Change ☐ Addition ☐ Delete TITLE TITLE SCOTTI, GINA S NAME STREET ADDRESS % THE RICHMAN GROUP, INC., 599 WEST PUTNAM STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **GREENWICH CT** ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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 chapter 607, Florida Statutes are considered.

**SIGNATURE:**