

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F93000000052**

1. Entity Name

WORLD WIDE FULFILLMENT AND DISTRIBUTION, INC.**FILED**
Apr 04, 2000 8:00 am
Secretary of State

04-04-2000 90083 041 ***150.00

Principal Place of Business

2 ACCRADATA DR
FARMINGTON CT 06085
US

Mailing Address

2 ACCRADATA DR
FARMINGTON CT 06085
US**632810**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

04-3123678

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GRAY, HARRY J
11094 BEACH CLUB POINT
LOST TREE VILLAGE
N PALM BCH FL 33408

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
EVP
LAVELY, DANIEL D
219 STAGE COACH RD
AVON CT 06001 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President & Chief Operating
OFFICER ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CPD
GRAY, HARRY J
11094 BEACH CLUB POINT, LOST TREE VILLAGE
NORTH PALM BEACH FL ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Chairman, CEO ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DTS
KLENE, ROGER R
32 HOPE VALLEY ROAD
AMSTON CT ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
37 Mountain Road
Farmington CT 06032 ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CFO
CARUSO, RICHARD A
52 SUSAN DR
WESTFIELD MA 01085 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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

Feb 16, 2000

Date

Daytime Phone #

CR2E034 (9/99)