

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000000052

1. Entity Name

SOURCEONE WORLDWIDE, INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90285 003 ***150.00

Principal Place of Business

2 ACCRADATA DR
FARMINGTON CT 06085
US

Mailing Address

2 ACCRADATA DR
FARMINGTON CT 06085
US

60037698



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2 GRAY COURT
Suite, Apt. #, etc.
FARMINGTON, CT
City & State

3. Mailing Address

2 GRAY COURT
Suite, Apt. #, etc.
FARMINGTON CT
City & State

4. FEI Number 04-3123678

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

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, 2001 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	PCEO LAVELY, DANIEL D 219 STAGE COACH RD AVON CT 06001	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CCEO CHAIRMAN of the Board GRAY, HARRY J 11094 BEACH CLUB POINT, LOST TREE VILLAGE NORTH PALM BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTS KLENE, ROGER R 39 MOUNTAIN RD FARMINGTON CT 06032	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO CARUSO, RICHARD A 52 SUSAN DR WESTFIELD MA 01085	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	NEWLY S EVANS 45 JOSHUA LANE W. SIMSBURY, CT 06092	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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

Richard A. Caruso
CFO/Controller 4/18/2001

Date

Daytime Phone #

860-507-2238

CR2E034 (10/00)