

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2000 8:00 am
Secretary of State

02-04-2000 90025 010 ***150.00

DOCUMENT # F93000001220

1. Entity Name

TILCON CONNECTICUT INC.

Principal Place of Business

Mailing Address

**FOXON ROAD
 NORTH BRANFORD CT 06471**

**909 FOXON ROAD
 NORTH BRANFORD CT 06471-1290**



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

06-1035087

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

**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324**

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 State**

10. 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 **PD** ☐ Delete
 NAME **ABATE, CARMINE J**
 STREET ADDRESS **909 FOXON ROAD**
 CITY-ST-ZIP **NORTH BRANFORD CT 06471**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VP** ☐ Delete
 NAME **ABATE, JOSEPH A**
 STREET ADDRESS **909 FOXON ROAD**
 CITY-ST-ZIP **NORTH BRANFORD CT**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **STD** ☐ Delete
 NAME **MCLAUGHLIN, JAMES G.**
 STREET ADDRESS **909 FOXON ROAD**
 CITY-ST-ZIP **NORTH BRANFORD CT**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VP** ☐ Delete
 NAME **CARBONE, MICHAEL**
 STREET ADDRESS **BLACK ROCK AVENUE**
 CITY-ST-ZIP **NEW BRITAIN CT 06052**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VP** ☐ Delete
 NAME **JONES, RANALD P**
 STREET ADDRESS **BLACK ROCK AVENUE**
 CITY-ST-ZIP **NEW BRITAIN CT 06052**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **Senior Vice President/Dir.**
 STREET ADDRESS **James F. Ryan**
 CITY-ST-ZIP **909 Foxon Road**
North Branford, CT 06471

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.

James G. McLaughlin, As Secretary/Treasurer of Tilcon Connecticut Inc

SIGNATURE:

James G. McLaughlin
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/00

(203) 484-2881

Date

Daytime Phone #

CR2E034 (9/99)