## 2001 UNIFORM BUSINESS REPORT (UBR) **FILED** May 16, 2001 8:00 am Secretary of State DOCUMENT # F93000001906 1. Entity Name USCO DISTRIBUTION SERVICES, INC. 05-16-2001 90234 038 \*\*\*150.00 Principal Place of Business Mailing Address 22 SPENCER STREET 22 SPENCER STREET B0056813 NAUGATUCK CT 06770 NAUGATUCK CT 06770 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 06-1170182 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITI F ☐ Change ☐ Addition Delete NAME NAME AURAY, ROBERT R JR. STREET ADDRESS STREET ADDRESS 22 SPENCER ST. CITY-ST-ZIP CITY-ST-ZIP NAUGATUCK CT 06770 ☐ Change ☐ Delete TITLE **VP** TITLE Addition NAME NAME FRICK, JOHN STREET ADDRESS STREET ADDRESS 22 SPENCER STREET CITY-ST-7IE CITY-ST-7IP NAUGATUCK CT 06770 ☐ Addition TITLE ☐ Delete TITLE Change DCOB NAME NAME HOLMES, THOMAS R STREET ADDRESS STREET ADDRESS 22 SPENCER STREET CITY-ST-ZIP CITY-ST-ZIP NAUGATUCK CT 06770 TITLE □ Delete TITLE ☐ Change ☐ Addition DAS NAME LEV. BRUCE L STREET ADDRESS STREET ADDRESS 22 SPENCER STREET CITY-ST-ZIP CITY-ST-ZIP NAUGATUCK CT 06770 ☐ Delete TITLE ☐ Change Addition NAME NAME KEMPNER, THOMAS L STREET ADDRESS STREET ADDRESS 22 SPENCER STREET CITY-ST-ZIP CITY-ST-ZIP NAUGATUCK.CT\_06770 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME SMITH, LAWRENCE R JR STREET ADDRESS STREET ADDRESS 22 SPENCER STREET CITY-ST-ZIP CITY-ST-ZIP NAUGATUCK CT 06770 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: John Frick 4/30/01 (303) 597-5300

SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayline Phone #