2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

F93000001906 **DOCUMENT #**

1. Entity Name

USCÓ DISTRIBUTION SERVICES, INC.



FILED May 05, 2003 8:00 am Secretary of State 05-05-2003 90255 050 ***150.00

Principal Place 22 SPENCER S NAUGATUCK C	STREET		22 SPE	Mailing Address 22 SPENCER STREET NAUGATUCK CT 06770								
2. Principal Pl	lace of Busin	ess	3. Mailir	3. Mailing Address								
Suite, Apt.	#, etc.		Suite,	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & State	9 .		City 8	City & State				4. FEI	Number 06-11 7	70182		Applied For Not Applicable
Zip	Country				Country	Country			5. Certificate of Status Desired \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent								7. Nan	ne and Address o	f New Register	ed Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324						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. I am familiar with, and accept the obligations of registered agent.												
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE												
Fi After Make Check					9. Election Camp Trust Fund Co	-		5.00 May Be ded to Fees				
10.		OFFICERS AND	DIRECTOR	S	11.			ADDIT	TIONS/CHANGES	TO OFFICERS A	AND DIRECTO	ORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	22 SPENC	DBERT R JR. ER ST. CK CT 06770		☐ Delete	TITLE NAME STREET CITY-S	ADDRESS T-ZIP	10 Ex	chan	Rolf Ge Place ity NJ	*		ge 🔲 Addition
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CITY-ST-ZIP	JERSEY C	PETER NGE PLACE, 19TH FL TY NJ 07302		☐ Delete	CITY-S		ad in Ca	otion 110	07(2)(i) Florido	toti too I ti jeta	Chang	

I nereby certify that the information supplied with this filling 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 10 or Block 11 if chapter 607, contact and that my name appears in Block 10 or Block 11 if chapter 607, florida Statutes, and that my name appears in Block 10 or Block 11 if chapter 607, florida Statutes, and that my name appears in Block 10 or Block 11 if chapter 607, florida Statutes, and that my name appears in Block 10 or Block 11 if chapter 607, florida Statutes, and that my name appears in Block 10 or Block 11 if chapter 607, florida Statutes, and that my name appears in Block 10 or Block 11 if chapter 607, florida Statutes, and that my name appears in Block 10 or Block 11 if chapter 607, florida Statutes, and that my name appears in Block 10 or Block 11 if chapter 607, florida Statutes, and that my name appears in Block 10 or Block 11 if chapter 607, florida Statutes, and that my name appears in Block 10 or Block 11 if chapter 607, florida Statutes, and that my name appears in Block 10 or Block 11 if chapter 607, florida Statutes, and that my name appears in Block 10 or Block 11 if chapter 607, florida Statutes, and that my name appears in Block 10 or Block 11 if chapter 607, florida Statutes, and that my name appears in Block 10 or Block 11 if chapter 607, florida Statutes, and that my name appears in Block 10 or Block 11 if chapter 607, florida Statutes, and that my name appears in Block 10 or Block 11 if chapter 607, florida Statutes, and that my name appears in Block 10 or Block 11 if chapter 607, florida Statutes, and that my name appears in Block 10 or Block 11 if chapter 607, flo

SIGNATURE:

4/30/03

(203) <u>59</u>7-5311