

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2001 8:00 am
Secretary of State

02-27-2001 90362 036 ***150.00

DOCUMENT # F93000002161

1. Entity Name
THE RICHMAN GROUP, INC.

Principal Place of Business Mailing Address
599 W PUTNAM AVE **599 W. PUTNAM AVE.**
GREENWICH CT 06830-006 **GREENWICH CT 06830**
US

9 2 3 8 6 5



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 **13-3462376** 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

WOLF, LEON J ESQ.
%BERMAN WOLF & RENNERT, P.A. #3500
100 S.E. 2ND ST.
MIAMI FL 33131

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 _____ (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. **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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	RICHMAN, RICHARD P	
STREET ADDRESS	599 W. PUTNAM AVE.	
CITY-ST-ZIP	GREENWICH CT 06830	
TITLE	V	<input type="checkbox"/> Delete
NAME	SALZMAN, DAVID A	
STREET ADDRESS	599 W. PUTMAN AVE.	
CITY-ST-ZIP	GREENWICH CT 06830	
TITLE	S	<input type="checkbox"/> Delete
NAME	SCOTTI, GINA	
STREET ADDRESS	599 W. PUTNAM AVE.	
CITY-ST-ZIP	GREENWICH CT 06830	
TITLE	T	<input type="checkbox"/> Delete
NAME	LUDEKE, NEAL	
STREET ADDRESS	599 W. PUTNAM AVE.	
CITY-ST-ZIP	GREENWICH CT 06830	
TITLE	<i>Assistant Treasurer</i>	<input type="checkbox"/> Delete
NAME	<i>Charles L. Krafnick</i>	
STREET ADDRESS	<i>599 W. Putnam Ave.</i>	
CITY-ST-ZIP	<i>Greenwich, CT 06830</i>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<i>ASSISTANT TREASURER</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>CHARLES L. KRAFNICK</i>	
STREET ADDRESS	<i>599 W. PUTNAM AVE</i>	
CITY-ST-ZIP	<i>GREENWICH, CT 06830</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Charles L. Krafnick* Date: *1/19/01* Daytime Phone #: *203-869-0500*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
CHARLES L. KRAFNICK

CR2E034 (10/00)