2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Feb 06, 2001 8:00 am DOCUMENT # F9300004548 **Secretary of State** MERIT CAPITAL ASSOCIATES, INCORPORATED 02-06-2001 90040 021 ***150.00 Principal Place of Business Mailing Address 1221 POST ROAD EAST 1221 POST ROAD EAST WESTPORT CT 06880 WESTPORT CT 06880 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 06-1346232 Not Applicable Zip 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 rance CRANE, SCOTT Street Address (P.O. Box Number is Not Acceptable) 433 PLAZA REAL SUITE 275 **BOCA RATON FL 33432** Zip Code 3343 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. 1-25-01 SIGNATURE(🔀 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be 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 12. ☐ Addition TITLE ☐ Delete TITLE Change NEWTON, RUSSELL W NAME NAME 238 PONUS RIDGE RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **NEW CANAAN CT** Change Delete ☐ Addition TITLE TITLE Ryan, Brice 439 Beach Rd Fairfield CT 06430 RYAN, BRUCE C NAME NAME 4 ARROWHEAD ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WESTPORT CT 06880 Delete --TITLE -☐ Addition_ TITLE CRANE, SCOTT NAME NAME STREET ADDRESS STREET ADDRESS 8121 MIZNER LANE CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL** TITLE 📈 Delete TITLE 🔀 Addition NEWTON, KELLY M NAME NAME 238 PONUS RIDGE RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 06611 **NEW CANAAN CT** ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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