

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000001249

1. Entity Name

SOMERSET PARTNER INC.

Principal Place of Business

6 LANDMARK SQUARE
5TH FLOOR CONTROLLERS DEPT
STAMFORD CT 06901
US

Mailing Address

6 LANDMARK SQUARE
5TH FLOOR CONTROLLERS DEPT
STAMFORD CT 06901-2704
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

13-3420228

Applied For

Not Applicable

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

C T 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	<input type="checkbox"/> Delete
NAME	PHILLIPS, CHARLES A	
STREET ADDRESS	SIX LANDMARK SQUARE	
CITY-ST-ZIP	STAMFORD CT 06901	
TITLE	SVSD	<input type="checkbox"/> Delete
NAME	WIMBUSH, L. KEITH	
STREET ADDRESS	SIX LANDMARK SQUARE	
CITY-ST-ZIP	STAMFORD CT 06901	
TITLE	AT	<input type="checkbox"/> Delete
NAME	BLEICHFELD, SAMUEL	
STREET ADDRESS	SIX LANDMARK SQUARE	
CITY-ST-ZIP	STAMFORD CT 06901	
TITLE	AT	<input checked="" type="checkbox"/> Delete
NAME	BLEICHFELD, SAMUEL	name appears 2x
STREET ADDRESS	6 LANDMARK SQUARE	
CITY-ST-ZIP	STAMFORD CT	
TITLE	AS	<input type="checkbox"/> Delete
NAME	KRAMER, MARY	
STREET ADDRESS	SIX LANDMARK SQUARE	
CITY-ST-ZIP	STAMFORD CT 06901	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Brown, Robert T.	
STREET ADDRESS	Six Landmark Square	
CITY-ST-ZIP	Stamford, CT 06901	
TITLE	vp	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Urich, William F.	
STREET ADDRESS	Six Landmark Sq.	
CITY-ST-ZIP	Stamford, CT 06901	
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:

M. Kramer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-2000

Date

203-359-7134

Daytime Phone #

CR2E034 (9/99)

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90123 035 ***150.00



DO NOT WRITE IN THIS SPACE