2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State
02-20-2002 90131 001 ***150.00

DOCUMENT # F94000001312

Entity Name
JURAN INSTITUTE, INC.

Principal Place of Business	Mailing Address
115 OLD RIDGEFIELD RD WILTON CT 06897-0811	PO BOX 811 WILTON CT 06897-0811

DO NOT WRITE IN THIS SPACE

Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 13-2982872 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

NATIONAL CORPORATE RESEARCH, LTD., INC.
1406 HAYS STREET, SUITE 2
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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, 2002 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 / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GODFREY, BLANTON A 92 KEELERS RIDGE WILTON CT 06897	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D David G. Bluestein 25 Wild Turkey Court Ridgefield, CT 06866	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JURAN, JOSEPH M 115 OLD RIDGEFIELD RD WILTON CT 06897-0811	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D W. Frank Jones 4 McCrea Lane Darien, CT 06820	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JURAN, CHARLES E 8186 RED OAK ROAD PRESCOTT AZ	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Joseph A. DeFeo 115 Old Ridgefield Rd. Wilton, CT 06897-0811	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEFEO, JOSEPH A 115 OLD RIDGEFIELD RD WILTON CT 06897-0811	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WILSON, ROBERT E 115 OL DRIDGEFIELD RD WILTON CT 06897-0811	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: Robert E. Wilson REQUIRED Robert E. Wilson 01/14/2002 203 761-1601
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (9/01)