

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000003768

1. Entity Name

PHOENIXCOR, INC.

FILED
May 23, 2000 8:00 am
Secretary of State

05-23-2000 90251 048 ***150.00

Principal Place of Business

Mailing Address

65 WATER ST.
 SOUTH NORWALK CT 06854

65 WATER ST.
 SOUTH NORWALK CT 06854-3011

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

22-2869254

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

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
 1201 HAYS ST.
 SUITE 105
 TALLAHASSEE FL 32301

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
 NAME GUADAGNO, JOHN
 STREET ADDRESS 15 WILLOW ST.
 CITY-ST-ZIP WESTPORT CT 06880 ☐ Delete

TITLE Asst Treas - Tax
 NAME John Amato
 STREET ADDRESS 1777 Long Ridge Rd
 CITY-ST-ZIP Stamford CT 06927 ☐ Change ☒ Addition

TITLE EVPO
 NAME MATSUZAWA, HIROSHI
 STREET ADDRESS 65 WATER STREET
 CITY-ST-ZIP SOUTH NORWALK CT ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE EVPA
 NAME EDEL, JOHN
 STREET ADDRESS 2770 BURR ST.
 CITY-ST-ZIP FAIRFIELD CT 06430 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VPMS
 NAME WILLIAMS, THOMAS J
 STREET ADDRESS 54 TWIN OAK LN.
 CITY-ST-ZIP WILTON CT 06897 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SVP
 NAME WIENEKE, DANIEL
 STREET ADDRESS 77 SCARLET OAK DR.
 CITY-ST-ZIP WILTON CT 06897 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
 NAME YOSHIMURA, TAKAO
 STREET ADDRESS 345 PARK AVENUE
 CITY-ST-ZIP NEW YORK NY ☐ 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: **JOHN AMATO**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-00

203-357-4544

Date

Daytime Phone #

CR2E034 (9/99)