2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **F94000004662** May 17, 2000 8:00 am Secretary of State CAREWELL INDUSTRIES, INC. 05-17-2000 90964 016 ***150.00 Principal Place of Business Mailing Address PO BOX 7016 P.O. BOX 7016 DOVER DE 19903-1516 DOVER DE 19903-1516 **LUUY4U68** 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Applied For City & State 4. FEI Number 11-2967533 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ILASND ROAD PLANTATION FL 33324 Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable (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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Change Addition ☐ Delete TITLE HAAS, ROBERT B NAME STREET ADDRESS 300 CRESCENT CT, SUITE 1700 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF DALLAS TX 75201 Change ☐ Addition ☐ Delete NAME WHEAT, DOUGLAS D NAME STREET ADDRESS 300 CRESCENT CT, SUITE 1700 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF DALLAS TX 75201 Change ☐ Addition ☐ Delete TITI F TITLE GALLAGHER, MICHAEL R NAME NAME STREET ADDRESS 300 NYLA FARMS ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WESTPORT CT 06880 VP & Corp. Controller **★** Addition ☑ Delete TITLE TITLE John J. McColgan GOSS, MICHAEL F NAME NAME STREET ADDRESS 50 N. DuPont Highway 300 NYLA FARMS ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP WESTPORT CT 06880 Dover, DE Change ☐ Addition ☐ Delete TITLE TITLE RECONE, MAX R NAME NAME STREET ADDRESS STREET ADDRESS 300 NYLA FARMS ROAD CITY-ST-ZIP CITY-ST-ZIP WESTPORT CT 06880 Ex. VP & CFO / Director ☐ Addition VPT TITLE ☐ Delete TITLE Forbes, Glenn A. FORBES, GLENN A NAME NAME STREET ADDRESS STREET ADDRESS 50 N. DUPONT HIGHWAY 300 Nyala Farms Road CITY-ST-ZIP CITY-ST-ZIP Westport, CT **DOVER DE 19901**

3. 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.

(302)

SIGNATURE:

John J. McColgan, Vice President/

4/28/00

678-6000

Daytime Phone #