

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 30, 2001 8:00 am
Secretary of State**

01-30-2001 90006 013 ***150.00

DOCUMENT # F94000004677

1. Entity Name

WINDING BROOK CORPORATION

Principal Place of Business

Mailing Address

**C/O ARIVEST LLC
242 TRUMBULL
HARTFORD CT 06103-1212****C/O ARIVEST LLC
242 TRUMBULL
HARTFORD CT 06103-1212**

2. Principal Place of Business

3. Mailing Address

c/o UBS AgriVest LLC**c/o UBS AgriVest LLC****242 Trumbull****242 Trumbull**

City & State

City & State

Hartford, CT**Hartford, CT**4. FEI Number **06-1301818**

Applied For

Not Applicable

Zip

Country

06103-1212

Zip

Country

06103-12125. 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 RD.
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)**XX****FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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	PTD	<input type="checkbox"/> Delete
NAME	MCCANDLESS, JAMES B	
STREET ADDRESS	C/O UBS BRINSON AGRIVEST, 242 TRUMBULL ST	
CITY-ST-ZIP	HARTFORD CT 06103-1212	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	c/o UBS AgriVest, 242 Trumbull Street	
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VD	<input type="checkbox"/> Delete
NAME	SCHWAB, GEORGE E	
STREET ADDRESS	C/O UBS BRINSON AGRILVEST, 2543 HGWAY 473	
CITY-ST-ZIP	KENDALIA TX 78027	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	c/o UBS AgriVest, 2543 Hgwy 473	
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	S	<input type="checkbox"/> Delete
NAME	BEAULIEU, ROSE M	
STREET ADDRESS	C/O UBS BRINSON AGRIVEST, 242 TRUMBULL ST	
CITY-ST-ZIP	HARTFORD CT 06103-1212	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	c/o UBS AgriVest, 242 Trumbull Street	
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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"/> Delete
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CITY-ST-ZIP		

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TITLE		<input type="checkbox"/> Delete
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James B. McCandless**1-9-01 860-275-3600**

Daytime Phone #

CR2E034 (10/00)