


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90062 040 ***150.00

0545253

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # F94000005923

1. Corporation Name

URBAN PROPERTIES OF CONNECTICUT, INC.



Principal Place of Business 140 GARDEN STREET HARTFORD CT 06154 US	Mailing Address C/O B040 1295 STATE STREET SPRINGFIELD MA 01111 US
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 One Financial Plaza Suite, Apt. #, etc. 22 Suite 1700 City & State 23 Hartford, CT Zip 24 06103	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	Country 30
--	---	----------------------

3. Date Incorporated or Qualified 11/16/1994	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 06-0867209	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
--	---

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONNOR, ALAN M.	1.2 NAME	
STREET ADDRESS	1 FINANCIAL PLAZA STE 1700	1.3 STREET ADDRESS	
CITY-ST-ZIP	HARTFORD CT 06103	1.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOMELI, ANN F	2.2 NAME	
STREET ADDRESS	1295 STATE STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	SPRINGFIELD MA 01111	2.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KLINE, EDWARD M	3.2 NAME	
STREET ADDRESS	1295 STATE STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	SPRINGFIELD MA 01111	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARGREAVES, KENNETH L	4.2 NAME	
STREET ADDRESS	1295 STATE STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	SPRINGFIELD MA 01111	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPERRY, MARGARET	5.2 NAME	
STREET ADDRESS	1295 STATE STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	SPRINGFIELD MA 01111	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Ann F. Lomeli

REQUIRED

04/08/99

413/744-5373

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2EN34 (11/01)