

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State

03-29-2002 91426 039 ***150.00

0617329 AT

DOCUMENT # F94000005923

1. Entity Name

URBAN PROPERTIES OF CONNECTICUT, INC.

Principal Place of Business

**ONE FINANCIAL PLAZA
 SUITE 1700
 HARTFORD CT 06103
 US**

Mailing Address

**C/O B040
 1295 STATE STREET
 SPRINGFIELD MA 01111
 US**

2. Principal Place of Business

3. Mailing Address

1295 State Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

B193

City & State

Springfield, MA 01111-0001

Zip

Country

01111-0001

Country

4. FEI Number

06-0867209

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 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) ☐

**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 ☐ Delete
 NAME **DP**
 STREET ADDRESS **CONNOR, ALAN M.**
 CITY-ST-ZIP **1 FINANCIAL PLAZA STE 1700**
HARTFORD CT 06103

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

TITLE ☐ Delete
 NAME **S**
 STREET ADDRESS **LOMELI, ANN F**
 CITY-ST-ZIP **1295 STATE STREET**
SPRINGFIELD MA 01111

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

TITLE ☐ Delete
 NAME **T**
 STREET ADDRESS **KLUNE, EDWARD M.**
 CITY-ST-ZIP **1295 STATE STREET**
SPRINGFIELD MA 01111

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **HARGREAVES, KENNETH L**
 CITY-ST-ZIP **1295 STATE STREET**
SPRINGFIELD MA 01111

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **SPERRY, MARGARET**
 CITY-ST-ZIP **1295 STATE STREET**
SPRINGFIELD MA 01111

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Ann F. Lomeli
Ann F. Lomeli

March 11, 2002

(413) 744-5373

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)