

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2003 8:00 am
Secretary of State

02-11-2003 90076 045 ***150.00

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
1295 STATE STREET
B193
SPRINGFIELD MA 01111-0001
US



2. Principal Place of Business

3. Mailing Address

1295 State Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.
B193

City & State

City & State
Springfield, MA 01111-0001

Zip

Country

Zip

01111-0001

Country

4. FEI Number **06-0867209**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
SPRINGFIELD MA 01111

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CITY-ST-ZIP
☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Ann F. Lomeli* **Ann F. Lomeli**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2003 (413) 744-5373

Date

Daytime Phone #

CR2E034 (10/02)