## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR**

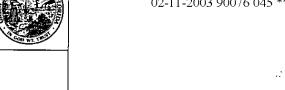
## F94000005923 **DOCUMENT #**

URBAN PROPERTIES OF CONNECTICUT, INC.



## **FILED** Feb 11, 2003 8:00 am \$ Secretary of State

02-11-2003 90076 045 \*\*\*150.00



Principal Place of Business ONE FINANCIAL PLAZA SUIE 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				I	MARI BUIEL DANS	0 0124 011HE 1011	# 11888         <b>#</b> #	
Suite, Ap		Suite, Apt. #, etc. B193			CHECK HERE IF MAKING CHANGES					
City & State		City & State Springfield, MA 01111-000		-0001	4. FEI Number 06	-086720	9	h	Applied For Not Applicable	
Zip	Country	Zip 01111-0001	Country		5. Certificate of State	us Desired	ı 🗆	\$8.75 A	dditional	
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent					
C T COR	PORATION SYSTEM	÷	Name				-			
1200 SO	UTH PINE ISLAND ROAD	Street Address (			P.O. Box Number is Not Acceptable)					
PLANTAT	ION FL 33324						-			
ç			City		FL Zip Code					
8. The above	e named entity submits this statement fo	r the purpose of changing its	registered office	or registered	d agent, or both, in the	State of F	lorida. Lam	familiar with	, and accept	
the obligations of registered agent.										
SIGNATURE										
		ind tide it applicable. (NOTE	: Registered Agent signs	ature required wh	nen reinstating)		DATE	_		
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of	State			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees					
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/CHANG	SES TO OF	FICERS AND	DIRECTOR	RS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CONNOR, ALAN M. 1 FINANCIAL PLAZA STE 1700 HARTFORD CT 06103	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LOMELI, ANN F 1295 STATE STREET SPRINGFEILD MA 01111	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SPF	RINGFIELD	MA	01111	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KLINE, EDWARD M 1295 STATE STREET SPRINGFEILD MA 01111	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SPF	RINGFIELD	MA	01111	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARGREAVES, KENNETH L 1295 STATE STREET SPRINGFEILD MA 01111	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		RINGFIELD	MA	01111	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPERRY, MARGARET 1295 STATE STREET SPRINGFEILD MA 01111	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SPR	INGFIELD	MA	01111	Change	☐ Addition	
TITLE		☐ Delete	TITLE					☐ 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 otherwise empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: \_

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2003 Date

(413) 744-5373

Daytime Phone #