

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90001 041 ***150.00

DOCUMENT # f95000001742

1. Entity Name

TRAVELE GROUP EXCHANGE, INC.

Principal Place of Business	Mailing Address
57 PROSPECT ST 2GSB HARTFORD CT 06183 US	57 PROSPECT ST 2GSB HARTFORD CT 06183 US

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number	Applied For
14-1778069	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CT 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.

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, 2000 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

TITLE	DP	<input type="checkbox"/> Delete
NAME	CUFFE, JOHN	
STREET ADDRESS	ONE TOWER SQUARE	
CITY - ST - ZIP	HARTFORD CT	
TITLE	DCEO	<input type="checkbox"/> Delete
NAME	DAWKINS, P M	
STREET ADDRESS	388 GREENWICH ST	
CITY - ST - ZIP	NEW YORK, NY	
TITLE	D	<input type="checkbox"/> Delete
NAME	SANTELLA, P.A.	
STREET ADDRESS	388 GREENWICH ST	
CITY - ST - ZIP	NEW YORK, NY	
TITLE	V	<input type="checkbox"/> Delete
NAME	JONES, J. I.	
STREET ADDRESS	300 ST. PAUL PLACE	
CITY - ST - ZIP	BALTIMORE, MD 21202	
TITLE	T	<input type="checkbox"/> Delete
NAME	CARTER, J.J.	
STREET ADDRESS	300 ST. PAUL PLACE	
CITY - ST - ZIP	BALTIMORE, MD 21202	
TITLE	S	<input type="checkbox"/> Delete
NAME	WRIGHT, E.J.	
STREET ADDRESS	57 PROSPECT ST	
CITY - ST - ZIP	HARTFORD, CT	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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:  **JOHN I. JONES** 4/ //00 410/332-3000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #