

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000003007

1. Entity Name

TALCOTT CORPORATION

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90082 024 ***150.00

Principal Place of Business

Mailing Address

100 PEARL STREET
16TH FLOOR
HARTFORD CT 06103
US

100 PEARL STREET
16TH FLOOR
HARTFORD CT 06103-4500
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 06-1420553

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME NORTH, KEVIN A
STREET ADDRESS 14 ROSWELL RD
CITY-ST-ZIP WEST SIMSBURY CT

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 17 Whitman Pond Rd
CITY-ST-ZIP Simsbury, CT 06070

TITLE TVD ☐ Delete
NAME TAGER, LES R.
STREET ADDRESS 17 PORTER DRIVE
CITY-ST-ZIP WEST HARTFORD CT

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

TITLE SVD ☐ Delete
NAME KIMENKER, JAMES H
STREET ADDRESS 25 LINCOLN AVE
CITY-ST-ZIP WEST HARTFORD CT

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

TITLE V ☐ Delete
NAME KANE, MARTIN P
STREET ADDRESS 52 ARNOLDALE ROAD
CITY-ST-ZIP WEST HARTFORD CT

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

TITLE V ☐ Delete
NAME REYNOLDS, JOHN E
STREET ADDRESS 135 TEN ACRE RD
CITY-ST-ZIP NEW BRITAIN CT

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kevin A. North, President

3/30/00

Date

860-293-6100

Daytime Phone #