

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90132 045 ***158.75

DOCUMENT # F96000004880

1. Entity Name

TRIDENT FUNDING CORPORATION

Principal Place of Business

**1077 BRIDGEPORT AVE.
SHELTON CT 06484**

Mailing Address

**1077 BRIDGEPORT AVE.
SHELTON CT 06484**

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

06-1457111

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

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.

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
	T			<input checked="" type="checkbox"/>
	MAHER, JOHN			
	13 HILLSIDE AVENUE			
	PT WASHINGTON NY 11050			
	V			<input type="checkbox"/>
	BRYANT, MICHAEL			
	505 BLUE WATER LANE			
	FULLERTON CA 92631			
	S			<input type="checkbox"/>
	DUNFORD, ROBERT			
	5 BRAE LOCH DR.			
	SHELTON CT 06484			
	P			<input type="checkbox"/>
	FOLEY, JAMES			
	2482 QUAIL POST DR			
	WESTON FL 33327			
	D			<input type="checkbox"/>
	MAHER, ANGELA			
	13 HILLSIDE			
	PORT WASHINGTON NY 11050			
	D			<input type="checkbox"/>
	MAHER, LUCY			
	13 HILLSIDE			
	PORT WASHINGTON NY 11050			

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
	SECRETARY/DIRECTOR			<input checked="" type="checkbox"/>	<input type="checkbox"/>
	PRESIDENT/DIRECTOR			<input checked="" type="checkbox"/>	<input type="checkbox"/>
	DIRECTOR/TELEMARKETER			<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

Date

Daytime Phone #

CR2E034 (9/01)