2000 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 25, 2000 8:00 am

NAME CARPENTER, N.A. NAME	DOCUI 1. Entity Nam	MENT ne	# F9600000	5219			-	Secret a 04-25-2000	•			
ONE TOWER SQUARE HARTFORD, CT BALTIMORE, MD 21202 Comparison Comp					RIBUT	ION SE	RVIC	ΕŞ				
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Country Zip Country Zip Country S. 2. F. E. Additional Fee Requisional	Suite, Apt.	#, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN	THIS SPA	CE		
E. Name and Address of Current Registered Agent 6. Name and Address of Current Registered Agent Name C. T. CORPORATION SYSTEM 12.00 SOURTH PINE ISLAND ROAD PLANTATION FL 33324 6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. 9. This corporation is eligible to satisfy its intangable Tax filling requirement and select to do so. (See criteria on back) 17. The shows a state of Florida agent and title if applicable. 9. This corporation is eligible to satisfy its intangable Tax filling requirement and select to do so. (See criteria on back) 18. The shows a state of Florida agent and title if applicable. 9. This corporation is eligible to satisfy its intangable Tax filling requirement and select to do so. (See criteria on back) 19. The Corporation is eligible to satisfy its intangable Tax filling requirement and select to do so. (See criteria on back) 19. The Corporation is eligible to satisfy its intangable Tax filling requirement and select to so so. (See criteria on back) 19. This corporation is eligible to satisfy its intangable Tax filling requirement and select to so so. (See criteria on back) 19. The Corporation is eligible to satisfy its intangable Tax filling requirement and select to so so. (See criteria on back) 19. The Corporation is eligible to satisfy its intangable Tax filling requirement and select to so so. (See criteria on back) 19. Election Campalgar Financing Tax filling does not supplied the satisfy its intangable Tax filling does not supplied the satisfy its intangable Tax filling does not supplied the satisfy its intangable Tax filling does not supplied to the satisfy its intangable Tax filling does not supplied the satisfy its intangable to satisfy its intangent and in Section 115 07(0)0, Florida Statutuse, and that my name officer or director of the cooperation of the cooperation of the cooperation of the co	City & State			City & State								
6. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent Name 1200 SOURTH PINE ISLAND ROAD PLANTATION FL 33324 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. 9. This corporation is eligible to eatisfy its Intangible Address of New Registered Agent adjusture required when reinstating) 9. This corporation is eligible to eatisfy its Intangible Code of New Address of New Registered Agent adjusture required when reinstating) 9. This corporation is eligible to eatisfy its Intangible Code of New Address of New Registered Agent adjusture required when reinstating) 9. This corporation is eligible to eatisfy its Intangible Code of New Address of New Registered Agent adjusture required when reinstating) 9. This corporation is eligible to eatisfy its Intangible Code of New Address of New Registered Agent Ag	Zip		Country	Zip Co		untry			\$8.			
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200 SOURTH PINE ISLAND ROAD PLANTATION FL 33324 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 Signatum, typed or printed name of registered agent and title # applicable. PLE NOW!! FEE IS 3450.00 Tax tiling requirement and elects to do so. Signatum, typed or printed name of registered agent and title # applicable. PLE NOW!!! FEE IS 3450.00 After MAY 1; 2006 Fee will be \$555.00 After All MAY 1; 2006 Fee will be \$555.00 After MAY 1; 2006 Fee will be \$555.0						Name						\Box
PLANTATION FL 33324 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its 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) 9. This corporation is eligible to satisfy its Intrangible Tax filing requirement and elects to do so. (See criteria on book) After MAY 1, 2000 Fiee will be 3550.00 After MAY 1, 2000 Fiee will be 3550						Street Addre	ess (P.O. E	Box Number is Not Acceptable)				
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	13. I hereby ce information officer or d	ertify that the n indicated lirector of th	e information supplied wit on this report or supplem the comporation or the face	th this filing does not qua ental report is true and a iyar-or trustee empowers	alify for the e accurate and ed to execut	xemption state that my signa this report as	ture shall s required	have the same legal effect as if	made unde	er oath;	that I am	an Irs
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