

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **F 9000000 587**

1. Entity Name

Secure Affinity Agency Inc.

FILED
Jul 10, 2000 8:00 am
Secretary of State

07-10-2000 90014 034 ***150.00

Principal Place of Business

Mailing Address

One Tower Square, 19CP
Hartford, CT 06183

One Tower Square, 19CP
Hartford, CT 06183

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

62-1657094

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

00066834

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT Corporation System
1200 South Pine Island Rd.
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	Secretary	<input type="checkbox"/> Delete
NAME	Paul H. Eddy	
STREET ADDRESS	One Tower Square	
CITY-ST-ZIP	Hartford, CT 06183	
TITLE	President	<input type="checkbox"/> Delete
NAME	Philip Kenyon	
STREET ADDRESS	One Tower Square	
CITY-ST-ZIP	Hartford, CT 06183	
TITLE	Vice President	<input checked="" type="checkbox"/> Delete
NAME	Bruce Letizia	
STREET ADDRESS	1 Tower Square	
CITY-ST-ZIP	Hartford, CT 06183	
TITLE	Treasurer	<input checked="" type="checkbox"/> Delete
NAME	Lynn M. Fisher	
STREET ADDRESS	1 Tower Square	
CITY-ST-ZIP	Hartford, CT 06183	
TITLE	Director	<input type="checkbox"/> Delete
NAME	James M. Michener	
STREET ADDRESS	1 Tower Square	
CITY-ST-ZIP	Hartford, CT 06183	
TITLE	Director	<input type="checkbox"/> Delete
NAME	Jay S. Fishman	
STREET ADDRESS	1 Tower Square	
CITY-ST-ZIP	Hartford, CT 06183	

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	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mark Mastrianni	
STREET ADDRESS	1 Tower Square	
CITY-ST-ZIP	Hartford, CT 06183	
TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	David Dembo	
STREET ADDRESS	1 Tower Square	
CITY-ST-ZIP	Hartford, CT 06183	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-12-00

Date

860 277

Daytime Phone #

CR2E034 (9/99)