

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000006227

1. Entity Name
S.N.D. ELECTRONICS, INC.

FILED
Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90017 041 ***150.00

Principal Place of Business
77 SOUTH WATER STREET
GREENWICH CT 06830

Mailing Address
77 SOUTH WATER STREET
GREENWICH CT 06830-6824

2. Principal Place of Business
GREENWICH, CT
Suite, Apt. #, etc.

3. Mailing Address
ABOVE
Suite, Apt. #, etc.

City & State
GREENWICH, CT
Zip
06830
Country
USA

City & State
GREENWICH, CT
Zip
06830
Country
USA

4. FEI Number
13-2737186

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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 _____ (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	<input type="checkbox"/> Delete
NAME	DENISCO, CHRISTOPHER R	
STREET ADDRESS	286 TACONIC ROAD	
CITY-ST-ZIP	GREENWICH CT	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HARRIS, JESSE	
STREET ADDRESS	45 MANOIS DRIVE	
CITY-ST-ZIP	JERICO NY	
TITLE	C	<input type="checkbox"/> Delete
NAME	HOPKINS, STEPHEN	
STREET ADDRESS	40 WEST ELM STREET	
CITY-ST-ZIP	GREENWICH CT	
TITLE	CEOD	<input type="checkbox"/> Delete
NAME	HOPKINS, NEIL F	
STREET ADDRESS	6 RAYMOND STREET	
CITY-ST-ZIP	OLD GREENWICH CT	
TITLE	CD	<input type="checkbox"/> Delete
NAME	HOPKINS, JOHN F	
STREET ADDRESS	16 HOPE FARM ROAD	
CITY-ST-ZIP	GREENWICH CT	
TITLE	CFO	<input type="checkbox"/> Delete
NAME	DERENONCOURT, LESLY	
STREET ADDRESS	77 S WATER ST	
CITY-ST-ZIP	GREENWICH CT	

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	
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: STEPHEN J. HOPKINS 3-15-00 203 532 1212
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)