

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F96000006880

FILED  
Apr 30, 2003  
Secretary of State

Entity Name: H.J. BAKER & BRO., INC.

## Current Principal Place of Business:

595 SUMMER ST.  
STAMFORD, CT 06901

## New Principal Place of Business:

## Current Mailing Address:

595 SUMMER ST.  
STAMFORD, CT 06901

## New Mailing Address:

FEI Number: 13-1895367

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: SMITH, CHRISTOPHER V  
Address: 141 HALF MILE RD.  
City-St-Zip: SOUTHPORT, CT 06490

Title: V ( ) Delete  
Name: PORZIO, PATRICK F  
Address: 18 BEAUPRE CT.  
City-St-Zip: HUNTINGTON, NY 11743

Title: S ( ) Delete  
Name: DEEGAN, MARY E  
Address: 41-04 53RD ST.  
City-St-Zip: WOODSIDE, NY 11377

Title: T ( ) Delete  
Name: WILLIAMS, JACK L  
Address: 12 MESSEX LANE  
City-St-Zip: WESTON, CT 06883

Title: DC ( ) Delete  
Name: SMITH, MATTHEW M  
Address: 2955 ZELL STREET  
City-St-Zip: LAGUNA BEACH, CA 92651

Title: D ( ) Delete  
Name: SMITH, DAVID  
Address: 19 CALVIN ROAD  
City-St-Zip: WESTON, CT 06883

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: V (X) Change ( ) Addition  
Name: MEDLOCK, KEN W  
Address: 821 DANWOOD ROAD  
City-St-Zip: LITTLE ROCK, AR 72204

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JACK L. WILLIAMS

T

04/30/2003

Electronic Signature of Signing Officer or Director

Date