

2000 UNIFORM BUSINESS REPORT (UBR) -1652

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90051 029 ***150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # F97000000319

1. Entity Name
JOHN A. RUSSELL CORPORATION

Principal Place of Business: **170 SOUTH MAIN ST. RUTLAND VT 05701**
 Mailing Address: **170 SOUTH MAIN ST. RUTLAND VT 05701-4557**

2. Principal Place of Business Suite, Apt. #, etc.
 3. Mailing Address Suite, Apt. #, etc.

City & State: _____ Zip: _____ Country: _____

4. FEI Number **03-0173793** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MORRISON, DAVID ESQ.
 MORRISON & CONROY
 975 6TH AVE. SOUTH
 NAPLES FL 34102**

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: _____ DATE: _____
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 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

TITLE	CP	<input type="checkbox"/> Delete
NAME	RUSSELL, JOHN A JR.	
STREET ADDRESS	OAKRIDGE DR.	
CITY-ST-ZIP	RUTLAND VT 05701	
TITLE	D	<input type="checkbox"/> Delete
NAME	RUSSELL, MARTHA T	
STREET ADDRESS	OAKRIDGE DR.	
CITY-ST-ZIP	RUTLAND VT 05701	
TITLE	V	<input type="checkbox"/> Delete
NAME	FRANKLIN, WALLACE H	
STREET ADDRESS	ORMSBEE AVE.	
CITY-ST-ZIP	PROCTOR VT 05765	
TITLE	V	<input type="checkbox"/> Delete
NAME	WHITE, TERRY	
STREET ADDRESS	5 BEEBE HILL RD	
CITY-ST-ZIP	CHITTENDEN VT 05737	
TITLE	V	<input type="checkbox"/> Delete
NAME	WIRKKI, OLAVI K	
STREET ADDRESS	OLD DEPOT RD.	
CITY-ST-ZIP	SHAFTSBURY VT 05262	
TITLE	D	<input type="checkbox"/> Delete
NAME	RUSSELL, JOHN A. I	
STREET ADDRESS	ROUTE 1, BOX 3023	
CITY-ST-ZIP	RUTLAND VT 05701	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Christopher Ludlow	
STREET ADDRESS	120 S. Main St	
CITY-ST-ZIP	Rutland, VT 05701	
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: _____ Date: **4/20/2000** Daytime Phone #: **(802) 775-3325**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)