

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2001 8:00 am
Secretary of State

02-20-2001 90008 006 ***150.00

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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

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

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, 2001 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 checked="" 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	CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	R. Daniel Williams	
STREET ADDRESS	55-1 Country Club Road	
CITY-ST-ZIP	Brandon, Vermont 05733	
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:

R. Daniel Williams
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

February 8, 2001 (802) 775-3325

Date

Daytime Phone #

R. Daniel Williams, Chief Financial Officer

CR2E034 (10/00)