

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 14 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F97000003494 (8)

1. Corporation Name

BROWN BRIDGMAN & COMPANY

Principal Place of Business

200 TWIN OAKS TERRACE STE 12
SO BURLINGTON VT 05403

Mailing Address

200 TWIN OAKS TERRACE STE 12
SO BURLINGTON VT 05403

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/03/1997

4. FEI Number

03-0310230

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes

☒

No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VANDERWERF, SELENA
24744 HOLLYBRIER LANE
BONITA SPRINGS FL 34134

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME BOURGER, JOHN T
STREET ADDRESS 3 HANOVER SQUARE
CITY-ST-ZIP NEW YORK NY 10004

DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 45 Wall Street
1.4 CITY-ST-ZIP New York, NY 10005

Change

Addition

TITLE VST
NAME PIERCE, MARCIA C
STREET ADDRESS LEWIS CREEK ROAD
CITY-ST-ZIP HINESBURG VT 05461

DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Change

Addition

TITLE V
NAME MILENS, OLIVIA B
STREET ADDRESS 71 SO WILLIAMS ST
CITY-ST-ZIP BURLINGTON VT 05401

DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Change

Addition

TITLE V
NAME BURKE, JOAN A
STREET ADDRESS 537 REMORA DRIVE
CITY-ST-ZIP FRIPP ISLAND SC 29920

DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change

Addition

TITLE V
NAME MOORE, DIANE M
STREET ADDRESS RR 3, BOX 1671
CITY-ST-ZIP HINESBURG VT 05461

DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change

Addition

14. 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 annual report or supplemental annual 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 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE:

Marcia C. Pierce

Marcia C. Pierce

4/16/98

802 863-3437

CR2E034 (10/97)