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Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90151 045 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F97000003494

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 the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

VANDERWERF, SELENA
24744 HOLLYBRIER LANE
BONITA SPRINGS FL 34134

10. Name and Address of New Registered Agent

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.

(NOT: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
P
BOURGER, JOHN T
45 WALL ST
NEW YORK NY 10005

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

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

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

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

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

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

128 Chickadee Lane

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, with all other like empowered.

SIGNATURE: *Marcia C. Pierce* Marcia C. Pierce 4/21/99 802-863-3437
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/1/98)