

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 24, 1999 8:00 am
Secretary of State

03-24-1999 90076 022 ***150.00

DOCUMENT # F97000003885

1. Corporation Name
CLAYTON NATIONAL INC.

Principal Place of Business

4 CORPORATE DRIVE
SHELTON CT 06484

Mailing Address

4 CORPORATE DRIVE
SHELTON CT 06484

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/24/1997

4. FEI Number

13-3859649

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

NRAI SERVICES, INC.
526 EAST PARK AVE.
TALLAHASSEE FL 32301

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE
NAME LAMANDO, STEPHEN M
STREET ADDRESS 8 BERMUDA RD
CITY-ST-ZIP WESTPORT CT 06880

TITLE SD ☐ DELETE
NAME KRELL, PETER A
STREET ADDRESS 336 GARDEN STREET APT 1
CITY-ST-ZIP HOBOKEN NJ 07030

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President ☐ Change ☒ Addition
1.2 NAME Douglas Ashe
1.3 STREET ADDRESS 15 Rustic Lane
1.4 CITY-ST-ZIP Monroe, CT 06468 ☐ Change ☒ Addition

2.1 TITLE Secretary
2.2 NAME John W. Anderson II
2.3 STREET ADDRESS 121 Circle Beach Road
2.4 CITY-ST-ZIP Madison, CT 06443 ☐ Change ☒ Addition

3.1 TITLE Treasurer
3.2 NAME Brian Newman
3.3 STREET ADDRESS 219 Grandview Road
3.4 CITY-ST-ZIP Southbury, CT 06488 ☐ Change ☒ Addition

4.1 TITLE Director ☒ Change ☐ Addition
4.2 NAME Peter A. Krell
4.3 STREET ADDRESS 336 Garden Street #1
4.4 CITY-ST-ZIP Hoboken, NJ 07030

5.1 TITLE Director/CEO ☒ Change ☐ Addition
5.2 NAME Stephen M. Lamando
5.3 STREET ADDRESS 8 Bermuda Road
5.4 CITY-ST-ZIP Westport, CT 06880

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

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:

SIGNATURE REQUIRED
Signature and typed or printed name of signing officer or director

2/5/99

Date

(203) 929-0505

Daytime Phone #

CR2E034 (11/98)