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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # F9700003885

Country

9. Name and Address of Current Registered Agent

25

1. Corporation Name

CLAYTON NATIONAL INC.

Principal Place of Business	
A CORROBATE DRIVE	

2. Principal Place of Business

Suite, Apt. #, etc.

City & State __

SHELTON CT 06484

21

22

23

24

Zip

Mailing Address

4 CORPORATE DRIVE SHELTON CT 06484

2a. Mailing Address

Suite, Apt. #, etc.

City & State

26

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

03-24-1999 90076 022 ***150.00



DO NOT WRITE IN THIS SPACE

Applied For

\$8.75 Additional

Fee Required

-**\$5.00** May Be

Added to Fees

☐ Yes

Not Applicable

3. Date Incorporated or Qualifed

5. Certificate of Status Desired

6.-Election Campaign Financing

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

Trust Fund Contribution

Personal Property Tax.

07/24/1997

13-3859649

4. FEI Number

Change C				81	Name			·
TALIAHASSEE FL 32301 83 84 City	·			82	Street	eet Address (P.O. Box Number is Not Acceptable)		
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 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 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PD								
11. Pursuant to the provisions of Sections 607.0502 and 807.1508, Florida Statutos, 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 office or registered agent, and familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE	TALLA	MASSEE FL 32301		83		•	•	
11. Pursuant to the provisions of Sections 607 0502 and 607 1500. 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, and the Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 THE PD				84	City		85 Zip (Code
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WESTPORT CT 06880 14.CITY-ST-ZIP						Douglas Ashe		
TITLE SD DELETE 21TITLE Secretary John W. Anderson II 121 Circle Beach Road Madison, CT 06443 Treasurer Brian Newman STREET ADDRESS 34, CITY-ST-ZIP Southbury, CT 06448 CITY-ST-ZIP CITY-S						15 Rustic Lane		
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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	CITY-ST-ZIP						9.1	
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	44 Lhoroby	certify that the information supplied with this filing doe	s not qualify for the	e exemp	ion state	d in Section 119.07(3)(i), Florida Statutes. I further ce	rtify that the i	nformation

Country

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Block 12 or Block 13 if changed, or on an

SIGNATURE: