FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Oct 29, 2002 8:00 A.M.
Secretary of State

DOCUMENT # F97000003885

1. Entity Name

CLAYTON NATIONAL, INC.

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~~[illegible]~~
~~10/10/02 --01083--012~~
~~***550.00 ***550.00~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
2 CORPORATE DRIVE		2 CORPORATE DRIVE	
Suite, Apt. #, etc. SUITE 350		Suite, Apt. #, etc. SUITE 350	
City & State SHELTON, CT.		City & State SHELTON, CT.	
Zip 06484	Country USA	Zip 06484	Country USA

4. FEI Number 133859649 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. **Name and Address of Current Registered Agent**

Name: NATIONAL REGISTERED AGENTS, INC.

Street Address (P.O. Box Number is Not Acceptable): 526 EAST PARK AVE.

City: Tallahassee FL Zip Code 32301

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) ☑

January 1 - May 1 Fee is $150.00
After May 1, Fee Is $550.00
Amended UBR is $61.25
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	P/D	TITLE	
NAME	STEPHEN Lamando	NAME	
STREET ADDRESS	2 CORPORATE DRIVE, SUITE 350	STREET ADDRESS	
CITY-ST-ZIP	SHELTON, CT 06484	CITY-ST-ZIP	
TITLE	T/S	TITLE	
NAME	BRIAN Newman	NAME	
STREET ADDRESS	2 Corporate DRIVE, SUITE 350	STREET ADDRESS	
CITY-ST-ZIP	SHELTON, CT 06484	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	

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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] BRIAN C NEWMAN 10/2/02 203-926-5600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date