

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2000 8:00 am
Secretary of State

03-24-2000 90092 033 ***150.00

DOCUMENT # F97000004702

1. Entity Name

INTERSPIRO, INC.

Principal Place of Business

Mailing Address

**31 BUSINESS PARK DR.
 BRANFORD CT 06405**

**31 BUSINESS PARK DR.
 BRANFORD CT 06405-2977**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

06-1320208

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525**

Name

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

City

FL

Zip Code

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.

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	PHILIPPE, BEREND	
STREET ADDRESS	6-10 QUAIE DE SEINE, 93200 SAINT DENIS	
CITY-ST-ZIP	FRANCE	
TITLE	EVP	<input checked="" type="checkbox"/> Delete
NAME	ALMQUIST, HANS O	
STREET ADDRESS	500 EAST MAIN ST.	
CITY-ST-ZIP	BRANFORD CT 06405	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	SHERWOOD, DAVID	
STREET ADDRESS	701 HEBRON AVE.	
CITY-ST-ZIP	GLASTONBURY CT 06033	
TITLE	VPS	<input checked="" type="checkbox"/> Delete
NAME	BROOKMAN, MICHAEL J	
STREET ADDRESS	31 BUSINESS PARK DRIVE	
CITY-ST-ZIP	BRANFORD CT 06405	
TITLE	VPM	<input checked="" type="checkbox"/> Delete
NAME	WARNER, KENTON D	
STREET ADDRESS	500 EAST MAIN STREET	
CITY-ST-ZIP	BRANFORD CT 60405	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHAEL BROOKMAN	
STREET ADDRESS	PRESIDENT	
CITY-ST-ZIP	34 AVERHILL PLACE, BRANFORD CT.	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS DEVILLEMEUR	
STREET ADDRESS	CHAIRMAN	
CITY-ST-ZIP	7 LAFAYETTE ROAD, LARCHMOUNT, NY	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEBORAH NEWELL	
STREET ADDRESS	SECRETARY	
CITY-ST-ZIP	246 REED GAPS ROAD, NORTHFORD, CT.	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHAEL SWOFFORD	
STREET ADDRESS	ASST. SECRETARY	
CITY-ST-ZIP	668 SUMMERHILL ROAD MADISON, CT	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 Block 12 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

3/6/00
 Date

Daytime Phone #

CR2E034 (9/99)