

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 18, 2000 8:00 am**  
**Secretary of State**

05-18-2000 90354 045 \*\*\*150.00

**DOCUMENT # F98000003272**

1. Entity Name

**TWITCHELL CORPORATION**

Principal Place of Business

Mailing Address

1001 ROSS CLARK CIRCLE. NW  
PO BOX 8156  
DOTHAN AL 36304

4031 ROSS CLARK CIRCLE. NW  
PO BOX 8156  
DOTHAN AL 36304-0156

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**63-1202327**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**UNITED CORPORATE SERVICES, INC.**  
**9200 SOUTH DADELAND BLVD.**  
**SUITE 508**  
**MIAMI FL 33156**

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.  
(See criteria on back) ☐

**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 **D** ☐ Delete  
NAME **ANDERSEN, JAMES G**  
STREET ADDRESS **ONE PICKWICK PLAZA, SUITE 310**  
CITY-ST-ZIP **GREENWICH CT 06830**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **DEFLORIO, MICHAEL B**  
STREET ADDRESS **177 BROAD STREET**  
CITY-ST-ZIP **STAMFORD CT 06901**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **KILLIAN, WILLIAM P**  
STREET ADDRESS **5757 N GREEN BAY AVE**  
CITY-ST-ZIP **MILWAUKEE WI 53201-0951**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **DP** ☐ Delete  
NAME **PITMAN, D G**  
STREET ADDRESS **4031 ROSS CLARK CIRCLE NW**  
CITY-ST-ZIP **DOTHAN AL 36304**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **RAMEY, JOHN M**  
STREET ADDRESS **ONE GORHAM ISLAND**  
CITY-ST-ZIP **WESTPORT CT 06880**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **WATSON, JOHN H**  
STREET ADDRESS **488 ROSS CLARK CIRCLE NE**  
CITY-ST-ZIP **DOTHAN AL 36303**

TITLE ☐ Change ☐ 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)(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 Block 12 if changed, or on an attachment with an address, with an officer like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JOHN M. FIEDONOWICZ**  
**SECRETARY**

**4/28/00 334 792 0002**  
Date Daytime Phone #

CR2E034 (9/99)