

**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 4031 ROSS CLARK CIRCLE. NW BOX 8156 AL 36304	Mailing Address 4031 ROSS CLARK CIRCLE. NW PO BOX 8156 DOTHAN AL 36304-0156
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>63-1202327</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent  
**UNITED CORPORATE SERVICES, INC.**  
**9200 SOUTH DADELAND BLVD.**  
**SUITE 508**  
**MIAMI FL 33156**

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ (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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ANDERSEN, JAMES G</b> <b>ONE PICKWICK PLAZA, SUITE 310</b> <b>GREENWICH CT 06830</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DEFLORIO, MICHAEL B</b> <b>177 BROAD STREET</b> <b>STAMFORD CT 06901</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>KILLIAN, WILLIAM P</b> <b>5757 N GREEN BAY AVE</b> <b>MILWAUKEE WI 53201-0951</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <b>PITMAN, D G</b> <b>4031 ROSS CLARK CIRCLE NW</b> <b>DOTHAN AL 36304</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>RAMEY, JOHN M</b> <b>ONE GORHAM ISLAND</b> <b>WESTPORT CT 06880</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WATSON, JOHN H</b> <b>488 ROSS CLARK CIRCLE NE</b> <b>DOTHAN AL 36303</b>	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *John M. Fildonowicz* **John M FILDONOWICZ** **SECRETARY** Date: **4/28/00** Daytime Phone #: **334 792 0002**

CR2E034 (9/99)