2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2001 8:00 am
Secretary of State
01-29-2001 90044 048 ***150.00

DOCUMENT # F98000003272

1. Entity Name
TWITCHELL CORPORATION

Principal Place of Business	Mailing Address
4031 ROSS CLARK CIRCLE. NW PO BOX 8156 DOTHAN AL 36304	4031 ROSS CLARK CIRCLE. NW PO BOX 8156 DOTHAN AL 36304

DO NOT WRITE IN THIS SPACE

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 33156-0000	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D ANDERSEN, JAMES G ONE PICKWICK PLAZA, SUITE 310 GREENWICH CT 06830	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Denny., Charles 7179 Tory Lane Naples, Florida 34108	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DEFLORIO, MICHAEL B 177 BROAD STREET STAMFORD CT 06901	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Kracum, Richard R. 676 N. Michigan Avenue Chicago, Illinois 60611	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KILLIAN, WILLIAM P 5757 N GREEN BAY AVE MILWAUKEE WI 53201-0951	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Watson, John H. 488 Ross Clark Circle, NE Dothan, Alabama 36303	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP PITMAN, D G 4031 ROSS CLARK CIRCLE NW DOTHAN AL 36304	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Zimmer, David R. 7 W. Square Lake Road Bloomfield Hills, Michigan 48302	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RAMEY, JOHN M ONE GORHAM ISLAND WESTPORT CT 06880	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	John M. Fiedorowicz 4031 Ross Clark Circle, NW Dothan, Alabama 36303	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WATSON, JOHN H 488 ROSS CLARK CIRCLE NE DOTHAN AL 36303	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/00)

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 all other like empowered.

SIGNATURE: _____ JOHN M FIEDOROWICZ 1/15/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Secretary