

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Aug 06, 1999 8:00 am
Secretary of State

08-06-1999 90005 013 ***550.00

DOCUMENT # **F98000003756**

1. Corporation Name

THE LEVERAGE GROUP, INC.

Principal Place of Business
**68 NATIONAL DRIVE
GLASTONBURY CT 06033**

Mailing Address
**68 NATIONAL DRIVE
GLASTONBURY CT 06033**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/01/1998

4. FEI Number

06-1119107

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year
Intangible Personal Property.

☐

Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

25 Suite, Apt. #, etc.

26 City & State

27 Zip

Country

P.O. Box 10

Columbia, SC

29202

29016

USA

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
C/O CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☒ DELETE

NAME **JERSEY, FRANK**
STREET ADDRESS **36 CHERRY HILL OR**
CITY-ST-ZIP **BRISTOL CT**

TITLE **VD** ☒ DELETE

NAME **DUBOIS, RICHARD**
STREET ADDRESS **7505 FOUNDERS WAY**
CITY-ST-ZIP **PONTE VEDRA BEACH FL**

TITLE **STD** ☒ DELETE

NAME **WEBER, STEVEN**
STREET ADDRESS **9 AMANDA LANE**
CITY-ST-ZIP **WEST HARTFORD CT**

TITLE **D** ☒ DELETE

NAME **MAJORS, FOREST**
STREET ADDRESS **47 CLARK HILL RD**
CITY-ST-ZIP **HADLYME CT**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **President** ☐ Change ☒ Addition

1.2 NAME **Michael W. Risley**
1.3 STREET ADDRESS **One pmcc Center**
1.4 CITY-ST-ZIP **Blythewood, SC 29016**

2.1 TITLE **VP/Sec** ☐ Change ☒ Addition

2.2 NAME **Stephen G. Morrison**
2.3 STREET ADDRESS **One pmcc Center**
2.4 CITY-ST-ZIP **Blythewood, SC 29016**

3.1 TITLE **VP/CFO** ☐ Change ☒ Addition

3.2 NAME **Timothy V. Williams**
3.3 STREET ADDRESS **One pmcc Center**
3.4 CITY-ST-ZIP **Blythewood, SC 29016**

4.1 TITLE **Director** ☐ Change ☒ Addition

4.2 NAME **G. Larry Wilson**
4.3 STREET ADDRESS **One pmcc Center**
4.4 CITY-ST-ZIP **Blythewood, SC 29016**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Timothy V. Williams, CFO**

7/23/99

803-333-4000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)

0115826