

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000003853

1. Entity Name

SKANDIA SOUTH AMERICA HOLDING CORPORATION

FILED
Mar 29, 2000 8:00 am
Secretary of State

03-29-2000 90043 034 ***150.00

Principal Place of Business

801 BRICKELL AVE
SUITE 900
MIAMI FL 33131
US

Mailing Address

801 BRICKELL AVE
SUITE 900
MIAMI FL 33131-2951
US

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

65-0854049

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 NAME STREET ADDRESS CITY-ST-ZIP	PD PAREDES, JAIME F 801 BRICKELL AVE STE 900 MIAMI FL 33131	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PAEZ, PATRICIA ONE CORPORATE DRIVE SHELTON CT	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RODRIGUEZ SCOTT, MARIA 801 BRICKELL AVE STE 900 MIAMI FL 33131	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD CARENDI, JAN R ONE CORPORATE DRIVE SHELTON CT	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SVENSSON, C A ONE CORPORATE DRIVE SHELTON CT	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SODERSTROM, ANDERS O ONE CORPORATE DRIVE SHELTON CT	<input type="checkbox"/> Delete

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
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
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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/00

Date

(305) 789-6767

Daytime Phone #

CR2E034 (9/99)

Attach.
00046617
F98000003853

Attachment to 2000 Uniform Business Report (UBR)

Skandia South America Holding Corporatin
FEIN # 65-0854049

12. Additions to Officers and Directors in 11

Title: D
Name: Dokken, Wade A.
Street Address: One Corporate Drive
Shelton, CT

Title: D
Name: Galdon, Rafael
Street Address: C/. Ruiz de Alarcon 11
E-28014 Madrid, Spain

Title: D
Name: Moberg, Gunnar J.
Street Address: Sveavagen 44
103 50 Stockholm, Sweden

Title: D
Name: Kragsterman, Cecilia
Street Address: Sveavagen 44
103 50 Stockholm, Sweden