2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2004
Secretary of State

DOCUMENT# F98000004529

Entity Name: TARGET UNDERWRITING MANAGEMENT CORPORATION

Current Principal Place of Business:

35 TOWER LN
AVON, CT 06001

New Principal Place of Business:

Current Mailing Address:

35 TOWER LN
AVON, CT 06001

New Mailing Address:

FEI Number: 65-0848352 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

UNITED CORPORATE SERVICES, INC.
9200 SOUTH DADELAND BLVD.
SUITE 508
MIAMI, FL 331560000 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CPD ( ) Delete
Name: CARTER, WAYNE H III
Address: 35 TOWER LANE
City-St-Zip: AVON, CT 06001

Title: EVPD ( ) Delete
Name: DOREEN, SCHLICHT M CPA
Address: 35 TOWER LANE
City-St-Zip: AVON, CT

Title: D ( ) Delete
Name: LEONARDI, THOMAS B
Address: 35 TOWER LANE
City-St-Zip: AVON, CT 06001

Title: D ( ) Delete
Name: BITTIERLI, WILLIAM D
Address: 35 TOWER LANE
City-St-Zip: AVON, CT 06001

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOREEN M. SCHLICHT EVPD 03/03/2004

Electronic Signature of Signing Officer or Director — Date