FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

FILED May 10, 2002 8:00 am Secretary of State

05-10-2002 90009 036 ***150.00

DOCUN 1. Entity Name	MENT # F98000004748					
•	Integrated Disab	ility Resour	ces, Inc.			
· · · · · · · · · · · · · · · · · · ·	DO NOT WRITE	IN THIS SE	ACE	B0093377		
2. Principal Place of Business Bloomfield, CT Suite Apt *. etc.		3. Mailing Address 320 West Newberry Rd. Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
City & State Blqomfield, CT		City & State Bloomfield, CT		4. FEI Number Applied for Not Applied for Not Applicable		
^{χίρ} 060	002 Country USA	Zip 06002	Country USA	5. Certificate of Status Desired S8.75 Additional Fee Required		
.9			all first	7. Name and Address of Current Registered Agent		
		AND	Name (Corporation Service Company		
DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) 1201 Hays St.						
		The second secon	(A) Paragraph	Tallahassee FL 32301-252		
	named entity submits this statement to	r the purpose of changing lts	registered office or re	egistered agent, or both, in the State of Florida.		
SIGNATURE _	Signature, typed at printed har exchangitered agent	and late a applicable. (NOTE	Registered Agent signature n	required witho reinstating) (2A°F		
lax thing requirement and elects to do so			ay 1 Fee is \$150.00 1. Ees is \$550.00 I UBR is \$61.25 le to Department o	10. Election Campaign Financing \$5.00 May Be Added to Fees		
11. see	attached OFFICERS AND	DIRECTORS	98. A \$4.			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	John Wiggin - President 6 Fawnbrook Lane Simsbury, CT 06070		NAME STREET ADDRESS CITY_ST_2IP			
THEF AAVE STREET ADDRESS CITY-ST-ZIP	David Nixa - Secretary 222 Farms Village Road W. Simsbury, CT 06092		MAME 722 STREET ADDRESS CITY ST. ZIP			
TITLE AAAVE STREET AODRESS CITY-ST-ZIP	Don Canfield - VP 521 South Lane Granville, MA 01034		NAME STREET ADDRESS CITY ST. 219	DO NOT WRITE		
TITLE NAME SIREET ADDRESS CITY-SI- ZIP	Lynn DuBois - VP 26 Smith Lane Burlington, CT 06013		NAME STREET ADDRESS CITY ST. ZIP	IN THIS SPACE		
TITLE AANI STREET ADDRESS CHY-SI-ZIP	Noct Bartford CM 06117		NAME STREET ADDRESS CITY ST. 21P			
TITLE	Fred Yosua - C	FO	HILE NAME AND A STATE OF THE ST			

13. I hereby certify that the information supplied with this filling 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 eath; 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 on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

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NANE

STREET ADDRESS

MONTE OFFICER OR DIRECTOR

10 McKenney Point Rd.

Cape Elizabeth, ME 04017

Secretary 4/30/02

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