

FIRE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT
CORPORATION
ANNUAL REPORT
1999**



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

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90120 012 ***158.75

DOCUMENT # F98000004761

1. Corporation Name

NEXCLAIM TECHNOLOGIES, INC.



Principal Place of Business

200 CORPORATE PLACE, SUITE 100
CENTURY EXECUTIVE PARK
ROCKY HILL CT 06067

Mailing Address

200 CORPORATE PLACE, SUITE 100
CENTURY EXECUTIVE PARK
ROCKY HILL CT 06067

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/20/1998

4. FEI Number

06-1440399

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 Tax.

☐ Yes

☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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	<input type="checkbox"/> DELETE
NAME	SMILEY, MICHAEL S	
STREET ADDRESS	200 CORPORATE PLACE, SUITE 100	
CITY-STATE-ZIP	ROCKY HILL CT 06067	
TITLE	<input checked="" type="checkbox"/> DELETE Only	
NAME	NEARY, JAMES W	
STREET ADDRESS	200 CORPORATE PLACE, SUITE 100	
CITY-STATE-ZIP	ROCKY HILL CT 06067	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SIMONS, ROBERT A	
STREET ADDRESS	433 SOUTH MAIN STREET SUITE 302	
CITY-STATE-ZIP	WEST HARTFORD CT 06110	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LIPS, THOMAS	
STREET ADDRESS	ONE STATE STREET	
CITY-STATE-ZIP	HARTFORD CT 06103	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MINELLA, RAYMOND J	
STREET ADDRESS	667 MADISON AVE.	
CITY-STATE-ZIP	NEW YORK NY 10021	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KERSHNER, BERNARD	
STREET ADDRESS	433 S. MAIN STREET, SUITE 302	
CITY-STATE-ZIP	WEST HARTFORD CT 06110	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Simons, Bruce S.	
1.3 STREET ADDRESS	200 Corporate Place, Suite 100	
1.4 CITY-STATE-ZIP	Rocky Hill, CT 06067	
2.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Neary, James W.	
2.3 STREET ADDRESS	200 Corporate Place, Suite 100	
2.4 CITY-STATE-ZIP	Rocky Hill, CT 06067	
3.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Miklovich, Amy J.	
3.3 STREET ADDRESS	200 Corporate Place, Suite 100	
3.4 CITY-STATE-ZIP	Rocky Hill, CT 06067	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-STATE-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-STATE-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-STATE-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.073(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, with a different like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/99

Date

(860) 263-4000

Daytime Phone #

CR2E034 (1/98)