

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Sep 07, 2001 08:00 AM**
Secretary of State**DOCUMENT # F98000004761**1. Entity 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

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

06-1440399

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROADPLANTATION
33324 US

FL

7. Name and Address of New Registered Agent

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 _____ 09/07/2001

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GUNNAR OVERSTROM		
STREET ADDRESS	75 FEDERAL STREET 18TH FLOOR		
CITY-ST-ZIP	BOSTON MA 02110		
TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BILL KATZ		
STREET ADDRESS	75 FEDERAL STREET 18TH FLOOR		
CITY-ST-ZIP	BOSTON MA 02110		
TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DOYLE DAN		
STREET ADDRESS	75 FEDERAL STREET 18TH FLOOR		
CITY-ST-ZIP	BOSTON MA 02110		
TITLE	S	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LHVI JOE		
STREET ADDRESS	200 CORPORATE PLACE		
CITY-ST-ZIP	ROCKY HILL CT 06067		
TITLE	PD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BUTLER DODIE L		
STREET ADDRESS	200 CORPORATE PLACE, SUITE 100		
CITY-ST-ZIP	ROCKY HILL CT 06067		
TITLE	CEOD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SMILEY MICHAEL S		
STREET ADDRESS	200 CORPORATE PLACE, SUITE 100		
CITY-ST-ZIP	ROCKY HILL CT 06067		

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: DODIE BUTLER

PD

09/07/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)