

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90090 030 ***150.00

DOCUMENT # F99000001495

1. Entity Name

238 COLUMBUS BLVD., INC.

Principal Place of Business

Mailing Address

**LAURENCE FLEMING
 ONE AMERICAN ROW
 HARTFORD CT 06102-5056**

**LAURENCE FLEMING
 ONE AMERICAN ROW
 HARTFORD CT 06102**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

06-1279377

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

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.

**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	DV	<input checked="" type="checkbox"/> Delete
NAME	CARTER, JAMES S	
STREET ADDRESS	38 PROSPECT ST.	
CITY-ST-ZIP	HARTFORD CT 06115-0479	
TITLE	DP	<input type="checkbox"/> Delete
NAME	MCLOUGHLIN, PHILIP R	
STREET ADDRESS	56 PROSPECT ST.	
CITY-ST-ZIP	HARTFORD CT 06115	
TITLE	D	<input type="checkbox"/> Delete
NAME	YOUNG, DONA D	
STREET ADDRESS	ONE AMERICAN ROW	
CITY-ST-ZIP	HARTFORD CT 06115	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	GRZYBALA, PETER C	
STREET ADDRESS	38 PROSPECT ST.	
CITY-ST-ZIP	HARTFORD CT 06115-0479	
TITLE	T	<input type="checkbox"/> Delete
NAME	CUMMINGS, RAYMOND E	
STREET ADDRESS	ONE AMERICAN ROW	
CITY-ST-ZIP	HARTFORD CT 06115	
TITLE	AT	<input checked="" type="checkbox"/> Delete
NAME	DENYER, DOUGLAS G	
STREET ADDRESS	38 PROSPECT ST.	
CITY-ST-ZIP	HARTFORD CT 06115-0479	

TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Zeppetella, Anthony J.	
STREET ADDRESS	56 Prospect Street	
CITY-ST-ZIP	Hartford, Connecticut 06115	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	Hartford, Connecticut 06102-5056	
TITLE	Vice President/Assistant Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Beers, John H.	
STREET ADDRESS	One American Row	
CITY-ST-ZIP	Hartford, Connecticut 06102-5056	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	56 Prospect Street	
CITY-ST-ZIP	Hartford, Connecticut 06102-5056	
TITLE	Assistant Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Guazzelli, Susan L.	
STREET ADDRESS	56 Prospect Street	
CITY-ST-ZIP	Hartford, Connecticut 06115	

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: *Laurence Fleming* Laurence P. Fleming
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Secretary

1/19/00

860 403 5212

Date

Daytime Phone #

CR2E034 (9/99)