2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F99000002869

Entity Name: HALLMARK HOLDINGS, INC.

Apr 15, 2003 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

P.O BOX 360 765 STRAITS TURNPIKE

MIDDLEBURY, CT 06762 SUITE 2000

MIDDLEBURY, CT 06762

Current Mailing Address: New Mailing Address:

765 STRAITS TURNPIKE P.O BOX 360 MIDDLEBURY, CT 06762

SUITE 2000

MIDDLEBURY, CT 06762

FEI Number: 36-2669560 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

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:

Date

Electronic Signature of Registered Agent

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CFOP (X) Change () Addition

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CFOP () Delete JACOBI, CHARLES M

Name: Name: JACOBI, CHARLES M P.O BOX 360 765 STRAUTS TURNPIKE, SUITE 2000 Address: Address:

City-St-Zip: MIDDLEBURY, CT 06762 City-St-Zip: MIDDLEBURY, CT 06762

CFGS Title: CFGS (X) Change () Addition Title: () Delete

ROSENTHAL, AMIR ROSENTHAL, AMIR Name: Name:

P.O BOX 360 765 STRAUTS TURNPIKE, SUITE 2000 Address: Address:

MIDDLEBURY, CT 06762 MIDDLEBURY, CT 06762 City-St-Zip: City-St-Zip:

Title: () Delete Title: (X) Change () Addition CDER CDFR INGEBRITSON, MARK INGEBRITSON, MARK Name: Name:

P O BOX 360 765 STRAUTS TURNPIKE, SUITE 2000 Address: Address:

City-St-Zip: MIDDLEBURY, CT 06762 City-St-Zip: MIDDLEBURY, CT 06762

Title: () Delete Title: (X) Change () Addition PRESCOTT, WYLIE PRESCOTT, WYLIE Name: Name:

Address: P.O BOX 360 Address: 765 STRAUTS TURNPIKE, SUITE 200

City-St-Zip: City-St-Zip: MIDDLEBURY, CT 06762 MIDDLEBURY, CT 06762

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: AMIR ROSENTHAL **SECR** 04/15/2003