

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000004556

1. Entity Name

**POLARIS ADVISORY SERVICE, INC.**

*Polaris Advisory Services, Inc.*

**FILED**  
**Jun 29, 2000 8:00 am**  
**Secretary of State**

06-29-2000 90653 027 \*\*\*550.00

Principal Place of Business CHURCH STREET HAVEN CT 06510-1807	Mailing Address 215 CHURCH STREET NEW HAVEN CT 06510-1803
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address ONE GRANITE PLACE	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 4S-12	
City & State		City & State CONCORD, NH	
Zip	Country	Zip 03301	Country

4. FEI Number 06-1413157	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  MCDONALD, JAMES D 3859 S. OCEAN BLVD #139 PALM BEACH FL 33480
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 \_\_\_\_\_ (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, 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP WALCZAK, ROBERT J 10 SACHEM AVE GUILFORD CT 06437 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC DWYER, CHRISTOPHER 41 WILLOW STREET CLINTON CT 06413 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST FRILLING, NOREEN WALCZAK 52 AVON STREET NEW HAVEN CT 06511 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Treasurer John A. Weston One Granite Place Concord, NH 03301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition P President Ronald E. Angarella One Granite Place Concord, NH 03301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition V VICE PRESIDENT David K. Booth One Granite Place Concord, NH 03301

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: JOHN A. WESTON **WITNESS REQUIRED** John A. Weston 6/19/00 603 226-5457  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)

Attachment  
DT# F9900004556  
000 00724

**Polaris Advisory Services, Inc.**

Supplement to Document # F99000004556

**Box 12 Additions to Officers and Directors**

Title	Vice President
Name	Carol R. Hardiman
Street Address	One Granite Place
City, ST, ZIP	Concord, NH 03301

Title	Secretary
Name	Shari J. Lease
Street Address	One Granite Place
City, ST, ZIP	Concord, NH 03301