FILED Jan 11, 2002 8:00 am Secretary of State 01-11-2002 90005 017 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT #** J36176 1. Entity Name

WILLIAM HUTTON ASSOCIATES, INC.

Principal Place of Business

Mailing Address

340 ROYAL POINCIANA PLAZA PALM BEACH FL 33480

340 ROYAL POINCIANA PLAZA PALM BEACH FL 33480

2. Principal Place of Business	Mailing Address
353 Worth Avenue	353 Worth Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State Palm Beach,			Flor	ida		4. FEI Number 59-2723578				Applied For Not Applicab	_
Zip 33480	Country	Zip 33480	Count	ry		5. Certificate of	f Status Desired		\$8.75 Fee Rec	Additional quired	nai
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent								
METTLER, THOMAS M.		_	Name Street /	William E. Hutton III							
DOWN BOUNDARY BLAZE			Street Address (P.O. Box Number is Not Acceptable)								

City

340 ROYAL POINCIANA PLAZA PALM BEACH FL 33480

353 Worth Avenue

Palm Beach

Zip Code 33480

nenyfor the purpose of changing its registered office or registered agent, or both, in the State of Florida.

William E. Hutton III, President (NOTE: Registered Agent signature required when reinstating)

1/7/02

Tax filing i	requirement and elects to do so.	After May 1, 200	PEE IS \$150.00	10. Election Campaign Financing Trust Fund Contribution.		0 May Be I to Fees	
11. OFFICERS AND DIRECTORS		DIRECTORS	12. A	DDITIONS/CHANGES TO OFFICERS AND	ND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HUTTON, LYNN S 340 ROYAL POINCIANA PL. PALM BEACH FL 33480	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition	CR2E034 (9/01)
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	Addition	ES .
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition	
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TITLE NAME STREET ADDRESS CITY_ST_ZIP		☐ Delete	TITLE NAME STREET ADDRESS OTY, ST. 7/P	_	☐ Change	Addition	

13. I hereby certify that the information supplied with this filling 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:

William E. Hutton/III. President.

1/7/02

561-<u>805-5071</u>