

FILED
May 13, 2003 8:00 am
Secretary of State

05-13-2003 90013 007 ****50.00

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # M00000000792

1. Entity Name
SAFE FINANCIAL LLC



Principal Place of Business
**2301 CAMINO RAMON, SUITE 100
SAN RAMON, CA 94583**

Mailing Address
**2301 CAMINO RAMON, SUITE 100
SAN RAMON, CA 94583**

2. Principal Place of Business
2440 Camino Ramon
Suite, Apt. #, etc.
Suite 200

3. Mailing Address
2440 Camino Ramon
Suite, Apt. #, etc.
Suite 200



☒ CHECK HERE IF MAKING CHANGES

City & State
San Ramon CA

City & State
San Ramon CA

4. FEI Number
06-1562077

Applied For
☐ Not Applicable

Zip
94583
Country
USA

Zip
94583
Country
USA

5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE
MGR ☒ Delete
NAME
CARAPEZZI, RONALD
STREET ADDRESS
401 MERRITT SEVEN, 2ND FLOOR
CITY-ST-ZIP
NORWALK, CT 06856

TITLE
MGR ☐ Delete
NAME
JACOBS, CHRISTOPHER
STREET ADDRESS
401 MERRITT SEVEN, 2ND FLOOR
CITY-ST-ZIP
NORWALK, CT 06856

TITLE
MGR ☒ Delete
NAME
FANELLI, THOMAS
STREET ADDRESS
401 MERRITT SEVEN, 2ND FLOOR
CITY-ST-ZIP
NORWALK, CT 06856

TITLE
MGR ☐ Delete
NAME
SARGENTI, PAUL F
STREET ADDRESS
2301 CAMINO RAMON, SUITE 100
CITY-ST-ZIP
SAN RAMON, CA 94583

TITLE
MGR ☐ Delete
NAME
SARGENTI, PAUL F
STREET ADDRESS
2301 CAMINO RAMON, SUITE 100
CITY-ST-ZIP
SAN RAMON, CA 94583

TITLE
MGR ☐ Delete
NAME
SARGENTI, PAUL F
STREET ADDRESS
2301 CAMINO RAMON, SUITE 100
CITY-ST-ZIP
SAN RAMON, CA 94583

10. ADDITIONS/CHANGES

TITLE
MGR ☐ Change ☒ Addition
NAME
Bongarten, Karl
STREET ADDRESS
44 Old Ridgebury Rd.
CITY-ST-ZIP
Danbury, CT 06810

TITLE
MGR ☐ Change ☐ Addition
NAME
Bongarten, Karl
STREET ADDRESS
44 Old Ridgebury Rd.
CITY-ST-ZIP
Danbury, CT 06810

TITLE
MGR ☐ Change ☒ Addition
NAME
Bickerstaff, Dennis
STREET ADDRESS
401 Merritt Seven, 2nd Floor
CITY-ST-ZIP
Norwalk, CT 06856

TITLE
MGR ☒ Change ☐ Addition
NAME
Sargenti, Paul F
STREET ADDRESS
2440 Camino Ramon, Suite 200
CITY-ST-ZIP
San Ramon, CA 94583

TITLE
MGR ☐ Change ☐ Addition
NAME
Sargenti, Paul F
STREET ADDRESS
2440 Camino Ramon, Suite 200
CITY-ST-ZIP
San Ramon, CA 94583

TITLE
MGR ☐ Change ☐ Addition
NAME
Sargenti, Paul F
STREET ADDRESS
2440 Camino Ramon, Suite 200
CITY-ST-ZIP
San Ramon, CA 94583

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Paul F. Sargenti*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Paul F. Sargenti

4/15/03

Date

925-830-4777

Careline Phone #

CR2E083 (10/02)