2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0068623

DOCUMENT # M01000002923

1. Entity Name

CHARTER OAK LENDING GROUP, LLC

FILED

03 JAN 29 PM 12: 12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
65 MAIN ST. DANBURY CT 06810	65 MAIN ST. DANBURY CT 06810

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
3 CORPORATE DR	3 CORPORATE DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: DANBURY, CT	City & State: DANBURY, CT
Zip: 06810 / Country:	Zip: 06810 / Country:

4. FEI Number 06-1560630 — Applied For / Not Applicable

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
DERESPINIS, ALFRED J 502 B2 SHADY PINE WAY WEST PALM BEACH FL 33415	Name: DONALD DeRespinis Street Address (P.O. Box Number is Not Acceptable): 502 B2 SHADY PINE WAY City: WEST PALM BEACH FL Zip Code: 33415

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 _____ 1/20/03

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		10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM KILLIAN, DEBRA ~~65 MAIN ST.~~ 3 COP DANBURY CT 06810 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 3 CORPORATE DR
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM DERESPINIS, DONALD ~~65 MAIN ST.~~ DANBURY CT 06810 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 3 CORPORATE DR
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 500011188485 01/29/03--01080--002 [illegible]55.00
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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: SIGNATURE REQUIRED 1/20/03 203-338-9899 x105

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

CR2E083 (10/02)