2000 UNIFORM BUSINESS REPORT (UBR)

May 24, 2000 8:00 am Secretary of State DOCUMENT # M12915 RAINBOW SPRINGS CONSTRUCTION CORP. 05-24-2000 90188 044 ***150.00 Principal Place of Business Mailing Address c/o CHASE ENTERPRISES c/o CHASE ENTERPRISES ATTN: JOSEPH KORZENIK ATTN: JOSEPH KORZENIK ONE COMMERCIAL PLAZA ONE COMMERCIAL PLAZA HARTFORD, CT 06103 HARTFORD, CT 06103 Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite; Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 58-1618818 Not Applicable Zip Country Zip Country **\$8.75** Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NRAI SERVICES, INC. 526 EAST PARK AVENUE Street Address (P.O. Box Number is Not Acceptable) -TALLAHASSEE, FL 32301 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. SIGNATURE Signature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Addition ☐ Delete TITLE NAME STEELE, RICHARD B NAME STREET ADDRESS ONE COMMERCIAL PLAZA STREET ADDRESS CITY-ST-ZIP HARTFORD, CT 06103 CITY-ST-ZIP TITLE ☐ Change ■ Addition ☐ Delete REDDING, JOHN P NAME ONE COMMERCIAL PLAZA STREET ADDRESS STREET ADDRESS HARTFORD, CT 06103 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition □ Delete TITLE ☐ Change KORZENIK, JOSEPH NAME NAME ONE COMMERCIAL PLAZA STREET ADDRESS STREET ADDRESS HARTFORD, CT 06103 CITY-ST-ZIP CITY-ST-ZIP DP TITLE ☐ Addition ☐ Change Delete TITLE NAME COLLINS, JAMES T NAME STREET ADDRESS 8625 S/W 200TH CIRCLE STREET ADDRESS DUNNELLON, FL 34432 CITY-ST-ZIP CITY-ST-7IP TITLE Change ☐ Addition ☐ Delete TITLE CROOK, LARRY M NAME NAME 8625 S/W 200TH CIRCLE STREET ADDRESS STREET ADDRESS DUNNELLON, FL 34432 CITY-ST-ZIP CITY-ST-71P TITLE Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

changed, or on an attachment with an address

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

with all other like empowered.

Joseph Korzenik, Secretary

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

FILED