

2002 UNIFORM BUSINESS REPORT (UBR)DOCUMENT # **M51119**1. Entity Name
TBM HOLDINGS INC.**FILED**
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90026 032 ***150.00

05/31/00 AT

Principal Place of Business
**136 MAIN STREET
WESTPORT CT 06880
US**

Mailing Address
**136 MAIN STREET
WESTPORT CT 06880
US**



2. 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 **59-2824411**Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301**

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.

SIGNATURE

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

(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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **BOSSELMANN, RAINER**
STREET ADDRESS **ONE CHURCH STREET SUITE 302**
CITY-ST-ZIP **ROCKVILLE MD 20850**

TITLE **DIRECTOR** ☐ Change ☒ Addition
NAME **HERBERT BROWN**
STREET ADDRESS **85 HEART LAKE ROAD SOUTH**
CITY-ST-ZIP **BRAMPTON, ONTARIO L6W 3K2 CANADA**

TITLE **C** ☐ Delete
NAME **SHARMA, ANAND**
STREET ADDRESS **4004 BEN FRANKLIN BLVD**
CITY-ST-ZIP **DURHAM NC 27704**

TITLE **DIRECTOR** ☐ Change ☒ Addition
NAME **BRUCE CRAIN**
STREET ADDRESS **1 EAST WEAVER ST.**
CITY-ST-ZIP **GREENWICH, CT. 06831**

TITLE **PD** ☐ Delete
NAME **SCHWARTZ, WILLIAM A**
STREET ADDRESS **136 MAIN STREET**
CITY-ST-ZIP **WESTPORT CT 06880**

TITLE **VICE PRESIDENT** ☐ Change ☒ Addition
NAME **PATRICK PEYTON**
STREET ADDRESS **12300 Amelia Drive**
CITY-ST-ZIP **Houston, TX 77045**

TITLE **D** ☐ Delete
NAME **LEVINSON, DANIEL**
STREET ADDRESS **136 MAIN STREET**
CITY-ST-ZIP **WESTPORT CT 06880**

TITLE **VICE PRESIDENT** ☐ Change ☒ Addition
NAME **BRUCE LATIMER**
STREET ADDRESS **12300 Amelia Drive**
CITY-ST-ZIP **Houston, TX 77045**

TITLE **D** ☐ Delete
NAME **STONE, MICHAEL R**
STREET ADDRESS **177 BROAD STREET 15TH FLOOR**
CITY-ST-ZIP **STAMFORD CT 06901**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **SAMPLE, WILLIAM**
STREET ADDRESS **136 MAIN STREET**
CITY-ST-ZIP **WESTPORT CT 06880**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 empowerments.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR

1/30/02

203-227-6140

Date

Daytime Phone #

CR2E034 (9/01)