

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2000 8:00 am**  
**Secretary of State**

04-18-2000 90248 028 \*\*\*150.00

**DOCUMENT # M92461**

1. Entity Name  
**1330 CONNECTICUT AVENUE, INC.**

Principal Place of Business <b>1801 HERMITAGE BLVD          SUITE 600          TALLAHASSEE FL 32308</b>	Mailing Address <b>1801 HERMATIGE BLVD          SUITE 600          TALLAHASSEE FL 32308-7707          US</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State Zip	Country	City & State Zip	Country
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4. FEI Number **36-3596806** Applied For  Not Applicable

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

6. Name and Address of Current Registered Agent  
**TODD, DAVID E  
 1801 HERMITAGE BLVD  
 SUITE 100  
 TALLAHASSEE FL 32308**

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ (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, 2000 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 <b>D</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>P</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>SMITH, JEFFREY</b>		NAME <b>Maury Tognarelli</b>	
STREET ADDRESS <b>1801 HERMITAGE BLVD</b>		STREET ADDRESS <b>180 N. LaSalle Street</b>	
CITY-ST-ZIP <b>TALLAHASSEE FL 32308</b>		CITY-ST-ZIP <b>Chicago, IL 60601</b>	
TITLE <b>DVAS</b>	<input type="checkbox"/> Delete	TITLE <b>V</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>HORTON, JAMES W</b>		NAME <b>Thomas M. Burdi</b>	
STREET ADDRESS <b>1801 HERMITAGE BLVD, SUITE 100</b>		STREET ADDRESS <b>180 N. LaSalle Street</b>	
CITY-ST-ZIP <b>TALLAHASSEE FL</b>		CITY-ST-ZIP <b>Chicago, IL 60601</b>	
TITLE <b>D</b>	<input type="checkbox"/> Delete	TITLE <b>VS</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>BENNETT, DOUGLAS W</b>		NAME <b>Thomas D. McCarthy</b>	
STREET ADDRESS <b>1801 HERMITAGE BLVD</b>		STREET ADDRESS <b>180 N. LaSalle Street</b>	
CITY-ST-ZIP <b>TALLAHASSEE FL</b>		CITY-ST-ZIP <b>Chicago, IL 60601</b>	
TITLE <b>VTAS</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>VT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>SMITH, ROGER E</b>		NAME <b>Roger E. Smith</b>	
STREET ADDRESS <b>180 N LASALLE ST</b>		STREET ADDRESS <b>180 N. LaSalle Street</b>	
CITY-ST-ZIP <b>CHICAGO IL 60601</b>		CITY-ST-ZIP <b>Chicago, IL 60601</b>	
TITLE <b>P</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>DVAT</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>EDELMAN, HOWARD J</b>		NAME <b>Lynne Quick</b>	
STREET ADDRESS <b>180 N LASALLE STRET</b>		STREET ADDRESS <b>1801 Hermitage Blvd., #600</b>	
CITY-ST-ZIP <b>CHICAGO IL 60601</b>		CITY-ST-ZIP <b>Tallahassee, FL 32308</b>	
TITLE <b>T</b>	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>BURDI, THOMAS M</b>		NAME	
STREET ADDRESS <b>180 N. LASALLE STREET</b>		STREET ADDRESS	
CITY-ST-ZIP <b>CHICAGO IL 60601</b>		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 empowered.

SIGNATURE:  **Douglas W. Bennett, Director** 4/14/00 850/488-4406  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)