

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 28, 2002 8:00 am**  
**Secretary of State**

02-28-2002 90018 018 \*\*\*150.00

**DOCUMENT # M92461**

1. Entity Name

1330 CONNECTICUT AVENUE, INC.

Principal Place of Business

1801 HERMITAGE BLVD  
SUITE 600  
TALLAHASSEE FL 32308  
US

Mailing Address

1801 HERMATIGE BLVD  
SUITE 600  
TALLAHASSEE FL 32308  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

36-3596806

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

TODD, DAVID E  
1801 HERMITAGE BLVD  
SUITE 100  
TALLAHASSEE FL 32308

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 P ☐ Delete  
NAME TOGNARELLI, MAURY  
STREET ADDRESS 180 N LASALLE ST  
CITY-ST-ZIP CHICAGO IL 60601

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

TITLE DVAS ☒ Delete  
NAME HORTON, JAMES W  
STREET ADDRESS 1801 HERMITAGE BLVD, SUITE 100  
CITY-ST-ZIP TALLAHASSEE FL

TITLE DVAS ☐ Change ☒ Addition  
NAME Smith, Jeffrey L.  
STREET ADDRESS 1801 Hermitage, Blvd., Suite 100  
CITY-ST-ZIP Tallahassee, FL

TITLE D ☐ Delete  
NAME BENNETT, DOUGLAS W  
STREET ADDRESS 1801 HERMITAGE BLVD  
CITY-ST-ZIP TALLAHASSEE FL

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

TITLE VT ☐ Delete  
NAME SMITH, ROGER E  
STREET ADDRESS 180 N LASALLE ST  
CITY-ST-ZIP CHICAGO IL 60601

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

TITLE DVAT ☐ Delete  
NAME GRAY, LYNNE M  
STREET ADDRESS 1801 HERMITAGE BLVD #600  
CITY-ST-ZIP TALLAHASSEE FL 32308

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

TITLE V ☐ Delete  
NAME BURDI, THOMAS M  
STREET ADDRESS 180 N. LASALLE STREET  
CITY-ST-ZIP CHICAGO IL 60601

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 empowered.

SIGNATURE:

*Thomas M. Burdi*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Vice President

2/5/02  
Date

312-541-6751  
Daytime Phone #

CR2E034 (9/01)