## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M97481  1. Entity Name OMM ASSOCIATES, INC.								ì	O3 APR					
C/O KONOVER & ASSOCIATES SOUTH, INC. 7000 W. PALMETTO PARK ROAD, STE. #408				Mailing Address C/O KONOVER & ASSOCIATES SOUTH. INC. 7000 W. PALMETTO PARK ROAD. STE. #408 BOCA RATON FL 33433			- 1		SECRET TALLAH					
2. Principal F	Place of Busin	ness	3. Mailing Address						)	10111 18011 811	ich foral lieb of	BH BIBH BIBH BIBH	L MINIT BY MAI LONG	
Suite, Apt.	#, etc.	<del></del>	Suite, Apt. #, etc.					☐ CHECK HERE IF MAKING CHANGES						
City & Stat	te		City & State					4. FEI Number 13-3486179 Applied For Not Applicable						
Zip Country			Zip Coun			try	5. Certificate of Status Desired See Required Fee Required							
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent								
						Name								
CORPORATION SERVICE COMPANY 1201 HAYS STREET							Street Address (P.O. Box Number is Not Acceptable)							
TALLAHASSEE FL 32301-2525						-								
						City						Zip Co	ode	
8. The above the obligat		y submits this statement for ered agent.  or printed name of registered agent a				ed office of	·		14/08/03	the State o	Florida I	**826.2	n, and accept	
FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State										n Campaigi ind Contrib	n Financing oution.		.00 May Be ed to Fees	
10.		OFFICERS AND (	DIRECTOR	3	11,			ADO	DITIONS/CHA	NGES TO	OFFICERS A	AND DIRECTO	RS IN 11	
TITLE	CPD			☐ Delete	TITLE	<u>:</u>	)					🔀 Change	Addition	
NAME Street Address City-St-Zip		, SIMUN NN ST., STE. #200 RTFORD CT 06107				et address -ST-Zip	l		almetto Pa		Ste 408		· 	
TITLE NAME Street Address City-St-Zip	7000 W. F	LTER, MARIA PALMETTO PARK RD., S FON FL 33433	TE. #408	□ Delete			Susan 342 N	A. Ma	: Secretar Janiak ain St., S förd, CI	te 200		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		ANDRA G NN ST., STE. #200 RTFORD CT 06107		Delete			Vice Johna 7000	Pres than W. F	ident, Di P. Rosen Palmetto F Nn. FL 334	rector : erk Rd.	ste 408	☐ Change	<b>∑</b> Addition	
TITLE Name Street address City-St-Zip		, KRISTEN ALMETTO PARK RD., S ION FL 33433	TE. #408	□ Delete								☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	7000 W. P BOCA RAT	Regory V Almetto Park Rd., S Ion Fl 33433	TE. #408	□ Delete			Execu	tive	Vice Pre	sident,	COOTS	<b>Ç</b> ì Change	☐ Addition	
ITLE NAME STREET ADDRESS CITY-ST-ZIP	BOCA RAT	T PALMETTO PARK RO ON FL 33433			CITY-	ET ADDRESS ST-ZIP	i					☐ Change	☐ Addition	
of the corr	poration or th	e information supplied with to tor supplemental report is to e receiver or trustee empor chment with an address, w	rue and ac vered to ex	curate and that my ecute this report a	v sianati	ure shall h	ave the sa	ame la	i se foetta lena	t made und	tar nath: tha	t Laman office	r or director	

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gregory V. Combs Executive VP, COO

Date

Daytime Phone #