

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90588 037 ****50.00

DOCUMENT # M98000000552

1. Entity Name

TRUMBULL SERVICES, L.L.C.

Principal Place of Business

**HARTFORD PLAZA
HARTFORD CT 06115**

Mailing Address

**HARTFORD PLAZA
HARTFORD CT 06115**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

06-1521834

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME **MGR HOLCOMB, STEPHEN** ☐ Delete
STREET ADDRESS **4 GRIFFIN ROAD, NORTH, GRIFFIN CENTER**
CITY-ST-ZIP **WINDSOR CT 06095**

TITLE
NAME **MGR TRIPP, STANLEY** ☐ Change ☒ Addition
STREET ADDRESS **4 GRIFFIN ROAD, NORTH, GRIFFIN CENTER**
CITY-ST-ZIP **WINDSOR CT 06095** ☐ Change ☐ Addition

TITLE
NAME **MGR ALEIA, ALAN** ☒ Delete
STREET ADDRESS **4 GRIFFIN ROAD, NORTH, GRIFFIN CENTER**
CITY-ST-ZIP **WINDSOR CT 06095**

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Stephen M. Holcomb

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4.16.02

860-687-3150

Date

Daytime Phone #

CR 2083 (9/01)