

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 MAY -3 PM 12: 08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # M98000001221

1. Entity Name  
CONECTIV SOLUTIONS LLC

Principal Place of Business  
800 KING STREET  
WILMINGTON DE 19899-0231

Mailing Address  
800 KING STREET  
WILMINGTON DE 19801-3518

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 52-2065485

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE



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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME MGRM COSGROVE, HOWARD E ☐ Delete  
STREET ADDRESS 800 KING STREET  
CITY-ST-ZIP WILMINGTON DE 19899-0231

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS 700003269537-4  
CITY-ST-ZIP -05/30/00-01006-006  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE NAME MGRM CARR, ROBERT W ☐ Delete  
STREET ADDRESS 800 KING STREET  
CITY-ST-ZIP WILMINGTON DE 19899-0231

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

TITLE NAME MGRM WALTERS, LOUIS M ☒ Delete  
STREET ADDRESS 800 KING STREET  
CITY-ST-ZIP WILMINGTON DE 19899-0231

TITLE NAME MGRM Reese, Philip S. ☐ Change ☒ Addition  
STREET ADDRESS 800 King Street  
CITY-ST-ZIP Wilmington, DE 19899-0231

TITLE NAME MGRM LAVIN, JAMES P ☐ Delete  
STREET ADDRESS 800 KING STREET  
CITY-ST-ZIP WILMINGTON DE 19899-0231

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

TITLE NAME MGRM DONOGHUE, MOIRA K ☐ Delete  
STREET ADDRESS 800 KING STREET  
CITY-ST-ZIP WILMINGTON DE 19899-0231

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

TITLE NAME MGRM WILLIAMS, CYNTHIA M ☒ Delete  
STREET ADDRESS 800 KING STREET  
CITY-ST-ZIP WILMINGTON DE 19899-0231

TITLE NAME MGRM Agra, Arturo F. ☐ Change ☒ Addition  
STREET ADDRESS 800 King Street  
CITY-ST-ZIP Wilmington, DE 19899-0231

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: Philip Reese  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

4/27/00 (302) 429-3633  
Date Daytime Phone #

CR2E083 (9/99)