**FILED** 

(302) 429-3746

## 2002 UNIFORM BUSINESS REPORT (UBR)

## Apr 30, 2002 8:00 am Secretary of State DOCUMENT # M9800001221 04-30-2002 90006 013 \*\*\*\*50.00 CONECTIV SOLUTIONS LLC Principal Place of Business Mailing Address 800 KING STREET 800 KING STREET **WILMINGTON DE 19899-0231 WILMINGTON DE 19899-0231** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 52-2065485 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City Zip Code FL 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. 100 10 232 2211 1.87E 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 Pavable to Department of State Due By May 1, 2002 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES **MGRM** ☐ Addition Change TITLE ☐ Delete TITI F COSGROVE, HOWARD E NAME NAME STREET ADDRESS STREET ADDRESS 800 KING STREET CITY-ST-ZIP CITY-ST-ZIP WILMINGTON DE 19899-0231 MGRM Delete TITLE TITLE ☐ Change ☐ Addition CARR, ROBERT W NAME NAME STREET ADDRESS 800 KING STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WILMINGTON DE 19899-0231 MGRM\* TITLE ☐ Delete TITLE ☐ Change ☐ Addition REESE, PHILIP S NAME NAME STREET ADDRESS **800 KING STREET** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **WILMINGTON DE 19899-0231** MGRM ☐ Delete TITLE ☐ Change ■ Addition TITLE LAVIN, JAMES P NAME NAME STREET ADDRESS 800 KING STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **WILMINGTON DE 19899-0231** MGRM Delete TITLE Change Change ☐ Addition TITLE De Angelis, Diana C. DEANGELIC, DIANA C NAMÉ NAME STREET ADDRESS 800 KING ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **WILMINGTON DE 19899-0231** MGRM Delete TITLE ☐ Change ■ Addition TITLE AGRA, ARTUNG F NAME NAME STREET ADDRESS 800 KING STREET STREET ADDRESS CITY-ST-ZIP WILMINGTON DE 19899-0231 CITY-ST-7IP

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

wered to execute this report as required by Chapter 608, Florida Statutes.