

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0012820
AF

DOCUMENT # M99000000374

1. Entity Name
NORTHEAST MORTGAGE OF CONNECTICUT, LLC

00 APR 30 AM 10:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
800 MAIN STREET SOUTH
SOUTHURY CT 06488

Mailing Address
800 MAIN STREET SOUTH
SOUTHURY CT 06488-4210



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		06-1463480		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$5.00 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

000003258530--9
-05/19/00--01006--019
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS				10. ADDITIONS/CHANGES			
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ROGERSON, BRIAN P			NAME			
STREET ADDRESS	14 LOVELAND DRIVE			STREET ADDRESS	6909 E. Sugarloaf Cir.		
CITY-ST-ZIP	SANDY HOOK CT 06482			CITY-ST-ZIP	Mesa, AZ 85207		
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ROGERSON, SEAN T			NAME			
STREET ADDRESS	135 PATRIOT ROAD			STREET ADDRESS			
CITY-ST-ZIP	SOUTHURY CT 06488			CITY-ST-ZIP			
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GABRIELE, ANTHONY J JR.			NAME			
STREET ADDRESS	50 OWL RIDGE ROAD			STREET ADDRESS			
CITY-ST-ZIP	WOODBURY CT 06798			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: Sean T. Rogerson 4/26/00 (203) 262-6110
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)