

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 JUN 21 AM 8:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # M99000001229

1. Entity Name  
NOWLENDING, L.L.C.

Principal Place of Business  
260-F FORDAM ROAD  
WILMINGTON MA 01887

Mailing Address  
260-F FORDAM ROAD  
WILMINGTON MA 01887



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
609 West Johnson Ave.  
Suite, Apt. #, etc.

3. Mailing Address  
P.O. Box 30  
Suite, Apt. #, etc.

City & State  
Cheshire, CT  
Zip 06410  
Country U.S.A.

City & State  
Waterbury, CT  
Zip 06720-0030  
Country U.S.A.

4. FEI Number  
04-348482 APPLIED FOR

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SMITH, JAMES C 260-F FORDAM ROAD WILMINGTON MA 01887	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BRENNAN, JOHN V 260-F FORDAM ROAD WILMINGTON MA 01887	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STRICKLAND, ROSS M 260-F FORDAM ROAD WILMINGTON MA 01887	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BROWN, JEFFREY M 260-F FORDAM ROAD WILMINGTON MA 01887	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCHEETZ, BRIAN 260-F FORDAM ROAD WILMINGTON MA 01887	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MARSH, SEAN 260-F FORDAM ROAD WILMINGTON MA 01887	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chairman Smith, James C Webster Plaza Waterbury, CT 06720	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGER Strickland, Ross M. 609 West Johnson Ave. Cheshire, CT 06410	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGER Brown, Jeffrey N. Webster Plaza Waterbury, CT 06720	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGER Mulligan, Peter Webster Plaza Waterbury, CT 06720	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

600003302006--0  
-06/23/00--01004--006  
\*\*\*\*\*55.00 \*\*\*\*\*55.00

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: ROSS M. Strickland, Manager 6/13/00 203-271-7248  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)