

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90047 031 ***150.00

DOCUMENT # P01949

1. Entity Name

CCI COMNET COMMUNICATIONS, INC.

Principal Place of Business

Mailing Address

39 OLD RIDGEBURY ROAD
 DANBURY CT 06810
 US

39 OLD RIDGEBURY ROAD
 DANBURY CT 06810-5103
 US

2. Principal Place of Business

39 Old Ridgebury Road

3. Mailing Address

Suite, Apt. #, etc.

Suite # 3

City & State

Danbury, CT

4. FEI Number **22-2537495**

Applied For
 Not Applicable

Zip **06810**

Country **USA**

Zip

Country

5. Certificate of Status Desired **\$8.75 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

**THE PRENTICE-HALL CORPORATION SYSTEM INC.
 1201 HAYS STREET
 SUITE 105
 TALLAHASSEE FL 32301**

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTSON, BOB	NAME	
STREET ADDRESS	39 OLD RIDGEBURY ROAD	STREET ADDRESS	
CITY-ST-ZIP	DANBURY CT	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MERRIFIELD, ALEX	NAME	
STREET ADDRESS	39 OLD RIDGEBURY ROAD	STREET ADDRESS	
CITY-ST-ZIP	DANBURY CT	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUCIOR, FRANK	NAME	
STREET ADDRESS	39 OLD RIDGEBURY RD	STREET ADDRESS	
CITY-ST-ZIP	DANBURY CT	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAUGHN, NORMA D.	NAME	
STREET ADDRESS	39 OLD RIDGEBURY ROAD	STREET ADDRESS	
CITY-ST-ZIP	DANBURY CT	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	

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Norma D. Vaughn **NORMA D. VAUGHN**

Date

4/13/00

Daytime Phone #

203-794-8046