

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91445 031 \*\*\*150.00

0615140 AT

**DOCUMENT # P03357**

1. Entity Name  
**DRAKE BEAM MORIN, INC.**



Principal Place of Business  
**1 STATION PLACE  
STAMFORD CT 06902  
US**

Mailing Address  
**% THOMSON-METRO CERTA  
1 STATION PLACE  
STAMFORD CT 06902  
US**



2. Principal Place of Business

3. Mailing Address  
**TLUS Tax Dept. 2nd Floor**

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
**5191 Nortex Blvd.**

City & State

City & State  
**Wagon, OH**

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **13-2641235**

Applied For  
Not Applicable

Zip Country

Zip Country  
**45040 USA**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PRENTICE HALL CORPORATION SYSTEM INC  
1201 HAYS STREET  
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. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PCEO SILVER, THOMAS J 1 STATION PLACE STAMFORD CT 06-9025</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVS HARNS, MICHAELS 1 STATION PLACE STAMFORD CT 06902</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV HULLAND, DAVID J 1 STATION PLACE STAMFORD CT 06902</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V SCHROEDER, JIM W 1 STATION PLACE STAMFORD CT 06902</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V ILAW, LESLIE 1 STATION PLACE STAMFORD CT 06902</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V NAPOLITANO, ED 1 STATION PLACE STAMFORD CT 06902</b>	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>see attached</b>	
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
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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_

**SIGNATURE REQUIRED** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)

ATTACHMENT

90112983

903357

**DRAKE BEAM MORIN INC**

FEIN 13-2641235

T:\Return Procedures\Officers Listings All Companies.xls\DBM

**Directors**

Edward J. Friedland

David J. Hulland

Deirdre Stanley

**Officers**

Thomas J. Silveri	Chief Executive Officer & President	1 Station Place, Stamford, CT 06902
John Fink	Chief Financial Officer	1 Station Place, Stamford, CT 06902
Eric L. Shuman	Executive Vice President	1 Station Place, Stamford, CT 06902
Deirdre Stanley	Vice President & Secretary	1 Station Place, Stamford, CT 06902
Kenneth A. Carson	Vice President & Assistant Secretary	1 Station Place, Stamford, CT 06902
Sari Dweck	Vice President & Assistant Secretary	1 Station Place, Stamford, CT 06902
Dawn L. Ehlers	Vice President	1 Station Place, Stamford, CT 06902
Edward A. Friedland	Vice President & Assistant Secretary	1 Station Place, Stamford, CT 06902
David J. Hulland	Vice President	1 Station Place, Stamford, CT 06902
Leslie Ilaw	Vice President	1 Station Place, Stamford, CT 06902
Steven A. Moll	Vice President	1 Station Place, Stamford, CT 06902
Ed Napolitano	Vice President	1 Station Place, Stamford, CT 06902
James W. Schroeder	Vice President	1 Station Place, Stamford, CT 06902
Alison Palmer	Assistant Secretary	1 Station Place, Stamford, CT 06902
Helen V. Stamatiadis	Assistant Secretary	1 Station Place, Stamford, CT 06902
James F. Keane	Assistant Secretary	5191 Natorp Blvd. Mason, OH 45040