

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2000 8:00 am
Secretary of State

02-20-2000 90003 014 ***150.00

DOCUMENT # P04293

1. Entity Name
WOLFF-ZACKIN & ASSOCIATES, INC.

Principal Place of Business 135 BOLTON ROAD PO BOX 2220 VERNON CT 06066	Mailing Address 135 BOLTON ROAD PO BOX 2220 VERNON CT 06066-1620
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State

4. FEI Number **06-0843864** Applied For
 Not Applicable

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

RABINOWITZ, KENNETH
125 WOODS LANDING TRAIL
OLDSMAR FL 34677

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)

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	
TITLE VP	<input checked="" type="checkbox"/> Delete
NAME ROBERT MULLEN	
STREET ADDRESS 45 VALLEY VIEW LANE	
CITY-ST-ZIP VERNON CT	
TITLE PD	<input type="checkbox"/> Delete
NAME HRUBALA, RONALD	
STREET ADDRESS 23 LUDWIG RD	
CITY-ST-ZIP ELLINGTON CT	
TITLE SD	<input type="checkbox"/> Delete
NAME RABINOWITZ, KENNETH	
STREET ADDRESS 27 ALFRED DR	
CITY-ST-ZIP TOLLAND CT	
TITLE EVPD	<input type="checkbox"/> Delete
NAME SMITH, JOHN J JR	
STREET ADDRESS 39 ELNA DR	
CITY-ST-ZIP TOLLAND CT	
TITLE CD	<input type="checkbox"/> Delete
NAME WOLFF, GREG	
STREET ADDRESS 126 TAMARAC	
CITY-ST-ZIP GLASTONBURY CT 06033	
TITLE VP	<input type="checkbox"/> Delete
NAME FIORE, JOSEPH	
STREET ADDRESS 27 BRIGHTON LANE	
CITY-ST-ZIP VERNON CT	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 lines empowered.

SIGNATURE: *[Signature]* **RONALD R HRUBALA** 1/18/00 860-896-2890
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)