

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2001 8:00 am
Secretary of State

03-12-2001 90435 046 ***150.00

DOCUMENT # P12190

1. Entity Name

THE ENSIGN-BICKFORD COMPANY

Principal Place of Business

**660 HOPMEADOW ST.
SIMSBURY CT 06070**

Mailing Address

**660 HOPMEADOW ST.
SIMSBURY CT 06070**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip *

Country

Zip

Country

4. FEI Number **06-0876669**

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

**CT CORPORATION SYSTEM
1200 S. 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

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, 2001 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

TITLE
NAME **PCED** ☐ Delete
HARNETT, RALPH H
STREET ADDRESS
CITY-ST-ZIP **10 MILL POND LN
SIMSBURY CT 06070**

TITLE
NAME ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP **100 Grist Mill Road**

TITLE
NAME **SD** ☐ Delete
LONG, MICHAEL T.
STREET ADDRESS
CITY-ST-ZIP **10 MILL POND LANE
SIMSBURY CT**

TITLE
NAME ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP **100 Grist Mill Road**

TITLE
NAME **DT** ☐ Delete
EMOTT, DAVID T.
STREET ADDRESS
CITY-ST-ZIP **10 MILL POND LANE
SIMSBURY CT**

TITLE
NAME ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP **100 Grist Mill Road**

TITLE
NAME **D** ☐ Delete
DARLING, ROBERT E., JR.
STREET ADDRESS
CITY-ST-ZIP **10 MILL POND LANE
SIMSBURY CT**

TITLE
NAME ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP **100 Grist Mill Road**

TITLE
NAME **D** ☐ Delete
SHOBER, JOHN A H
STREET ADDRESS
CITY-ST-ZIP **301 STENTON AVENUE
PLYMOUTH MEETING PA**

TITLE
NAME ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP **12 Bugle Lane
Blue Bell, PA 19422**

TITLE
NAME **D** ☐ Delete
LOVEJOY, JOSEPH E.
STREET ADDRESS
CITY-ST-ZIP **101 FEDERAL ST
BOSTON MA**

TITLE
NAME ☐ Change ☐ Addition
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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

27 FEB 01

Date

860-843-2843

Daytime Phone #

CR2E034 (10/00)