

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 19, 2003 8:00 am**  
**Secretary of State**

02-19-2003 90012 014 \*\*\*150.00

**DOCUMENT # P15450**

1. Entity Name  
**RESOURCES MANAGEMENT CORP.**



Principal Place of Business  
**TWO BATTERSON PARK ROAD  
FARMINGTON CT 06032**

Mailing Address  
**TWO BATTERSON PARK ROAD  
FARMINGTON CT 06032**

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 **06-0944880**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

CHECK HERE IF MAKING CHANGES



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 agent accepts this statement for the principal and agrees to accept the obligations of registered agent. I am familiar with, and accept the changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept

SIGNATURE

Signature typed or printed name of registered agent and title if applicable.

(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: **PCD**  Delete  
NAME: **FLYNN, DANIEL F.**  
STREET ADDRESS: **237 WESTMONT**  
CITY-ST-ZIP: **WEST HARTFORD CT**

TITLE:  Change  Addition  
NAME:  Change  Addition  
STREET ADDRESS:  Change  Addition  
CITY-ST-ZIP:  Change  Addition

TITLE: **VTD**  Delete  
NAME: **LOEHMANN, FRANK M., JR.**  
STREET ADDRESS: **130 NOB HILL ROAD**  
CITY-ST-ZIP: **CHESHIRE CT**

TITLE:  Change  Addition  
NAME:  Change  Addition  
STREET ADDRESS:  Change  Addition  
CITY-ST-ZIP:  Change  Addition

TITLE: **D**  Delete  
NAME: **JOHNSON, SANDRA S**  
STREET ADDRESS: **104 BRUSH HILL RD**  
CITY-ST-ZIP: **LYME CT**

TITLE:  Change  Addition  
NAME:  Change  Addition  
STREET ADDRESS:  Change  Addition  
CITY-ST-ZIP:  Change  Addition

TITLE: **D**  Delete  
NAME: **FLAMIO, DONNA B.**  
STREET ADDRESS: **34 FAIRVIEW DRIVE**  
CITY-ST-ZIP: **FARMINGTON CT**

TITLE:  Change  Addition  
NAME:  Change  Addition  
STREET ADDRESS:  Change  Addition  
CITY-ST-ZIP:  Change  Addition

TITLE: **D**  Delete  
NAME: **OWSIANIK, LINDA R**  
STREET ADDRESS: **128 HILL ST**  
CITY-ST-ZIP: **MERIDEN CT**

TITLE:  Change  Addition  
NAME:  Change  Addition  
STREET ADDRESS:  Change  Addition  
CITY-ST-ZIP:  Change  Addition

TITLE: **V**  Delete  
NAME: **FULLER, THOMAS P**  
STREET ADDRESS: **195 MOUNTAIN RD**  
CITY-ST-ZIP: **N. GRANBY CT**

TITLE:  Change  Addition  
NAME:  Change  Addition  
STREET ADDRESS:  Change  Addition  
CITY-ST-ZIP:  Change  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

**1/30/03** **800-677-4574**  
Date Daytime Phone #

CR2E034 (10/02)