

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P22715**

1. Entity Name

KONOVER MANAGEMENT CORPORATION**FILED****Jan 25, 2000 8:00 am**
Secretary of State

01-25-2000 90117 023 ***150.00

Principal Place of Business

Mailing Address

**2410 ALBANY AVENUE
WEST HARTFORD CT 06117****C/O COHEN, GERSHMAN & WAKIM, P.C.
2410 ALBANY AVENUE
WEST HARTFORD CT 06117-2501
US**

2. Principal Place of Business

3. Mailing Address

c/o Cohen, Wakim & Merlin, P.C.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **06-1110121**Applied For
Not Applicable5. 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****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, 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**

TITLE	P.	<input type="checkbox"/> Delete
NAME	GOMAN, R. MICHAEL	
STREET ADDRESS	2410 ALBANY AVENUE	
CITY-ST-ZIP	WEST HARTFORD CT 06117	

TITLE	EVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Steven A. Abney	
STREET ADDRESS	2410 Albany Ave.	
CITY-ST-ZIP	West Hartford, CT 06117	

TITLE	EVP	<input type="checkbox"/> Delete
NAME	SMITH, ALAN E.	
STREET ADDRESS	2410 ALBANY AVE.	
CITY-ST-ZIP	W. HARTFORD CT	

TITLE	SVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Richard C. Liljedahl	
STREET ADDRESS	2410 Albany Avenue	
CITY-ST-ZIP	West Hartford, CT 06117	

TITLE	S	<input type="checkbox"/> Delete
NAME	WAKIM, JAMES	
STREET ADDRESS	2410 ALBANY AVENUE	
CITY-ST-ZIP	WEST HARTFORD CT 06117	

TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Susan W. Vinhais	
STREET ADDRESS	2410 Albany Avenue	
CITY-ST-ZIP	West Hartford, CT 06117	

TITLE	TD	<input type="checkbox"/> Delete
NAME	COHEN, RICHARD D.	
STREET ADDRESS	2410 ALBANY AVE.	
CITY-ST-ZIP	W. HARTFORD CT	

TITLE	SVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John J. Anderson	
STREET ADDRESS	345 North Main Street	
CITY-ST-ZIP	West Hartford, CT 06117	

TITLE	D	<input type="checkbox"/> Delete
NAME	KONOVER, MICHAEL	
STREET ADDRESS	2410 ALBANY AVENUE	
CITY-ST-ZIP	W. HARTFORD CT	

TITLE	SVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lisa Whitney	
STREET ADDRESS	345 North Main Street	
CITY-ST-ZIP	West Hartford, CT 06117	

TITLE	C	<input type="checkbox"/> Delete
NAME	KONOVER, SIMON	
STREET ADDRESS	2410 ALBANY AVE	
CITY-ST-ZIP	W. HARTFORD CT 06117	

TITLE	Chairman Emeritus	<input checked="" 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 like empowered.

SIGNATURE:**SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**Richard C. Liljedahl, Senior Vice President**

Date

Daytime Phone #

1/19/00

860-232-4545