

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90074 042 ***150.00

DOCUMENT # P22715

1. Entity Name
KONOVER MANAGEMENT CORPORATION

Principal Place of Business

**16 MUNSON ROAD
FARMINGTON CT 06032**

Mailing Address

**C/O COHEN.WAKIM & MERLIN, P.C.
P.O. BOX 4055
FARMINGTON CT 06034-4055
US**

2. Principal Place of Business

No changes

3. Mailing Address

No changes

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **06-1110121**

Applied For

Not Applicable

Zip

Country

Zip

Country

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 **N/A**

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	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"/> Delete
NAME	SMITH, ALAN E.	
STREET ADDRESS	2410 ALBANY AVE.	
CITY-ST-ZIP	W. HARTFORD CT	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	WAKIM, JAMES	
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	D	<input type="checkbox"/> Delete
NAME	KONOVER, MICHAEL	
STREET ADDRESS	2410 ALBANY AVENUE	
CITY-ST-ZIP	W. HARTFORD CT	
TITLE	C	<input type="checkbox"/> Delete
NAME	KONOVER, SIMON	
STREET ADDRESS	2410 ALBANY AVE	
CITY-ST-ZIP	W. HARTFORD CT 06117	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	16 Munson Road	
CITY-ST-ZIP	Farmington, CT 06032	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	16 Munson Road	
CITY-ST-ZIP	Farmington, CT 06032	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	16 Munson Road	
CITY-ST-ZIP	Farmington, CT 06032	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	16 Munson Road	
CITY-ST-ZIP	Farmington, CT 06032	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	342 North Main Street	
CITY-ST-ZIP	West Hartford, CT 06117	

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

Richard C. Lilledahl, Senior Vice President

1/17/01

Date

(860) 284-7100

Daytime Phone #

CP2E034 (10/00)

Konover Management Corporation

Additional Names of Officers

Attachment Doc # PAA 715 - 767309

NAME	TITLE	BUSINESS ADDRESS
Steven A. Abney	Executive Vice President	16 Munson Road Farmington, CT 06032
John J. Anderson	Senior Vice President	16 Munson Road Farmington, CT 06032
Lisa Whitney	Senior Vice President	16 Munson Road Farmington, CT 06032
Richard C. Liljedahl	Senior Vice President	16 Munson Road Farmington, CT 06032
Susan W. Vinhais	Assistant Secretary	16 Munson Road Farmington, CT 06117