

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P23741 ✓

1. Entity Name

CONNECTICUT INVESTMENT MANAGEMENT, INCORPORATED

**FILED**  
**Jun 13, 2000 8:00 am**  
**Secretary of State**

06-13-2000 90003 032 \*\*\*550.00

Principal Place of Business

Mailing Address

P.O. BOX 877  
172 BRUSH HILL RD.  
OLD LYME CT 06371

P.O. BOX 877  
172 BRUSH HILL RD.  
OLD LYME CT 06371-3006

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 06-0890111

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 SYST.  
1200 S. PINE ISLAND RD.  
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 ~~VD~~ ☐ Delete  
NAME LONG, GERALD A  
STREET ADDRESS 172 BRUSH HILL RD.  
CITY-ST-ZIP OLD LYME CT

TITLE ☐ Change ☐ Addition  
NAME President, COO  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ~~VSD~~ ☒ Delete  
NAME MILDRED DANIELLE HAMPTON  
STREET ADDRESS 172 BRUSH HILL RD.  
CITY-ST-ZIP OLD LYME CT

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

TITLE ~~V~~ ☐ Delete  
NAME ECHEVERRIA, BRENDA LEE  
STREET ADDRESS 172 BRUSH HILL RD.  
CITY-ST-ZIP OLD LYME CT

TITLE ☐ Change ☐ Addition  
NAME Senior VP, Comptroller  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ~~PD~~ ☐ Delete  
NAME FOOTE, RICHARD L.  
STREET ADDRESS 172 BRUSH HILL ROAD  
CITY-ST-ZIP OLD LYME CT

TITLE ☐ Change ☐ Addition  
NAME Chairman, CEO  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME Director, Secretary  
STREET ADDRESS Harold d'O. Baker Esq.  
CITY-ST-ZIP 515 Madison Ave  
NY, NY 10016

TITLE ☐ Change ☒ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 my address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6-7-00 860-434-9700