

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 30, 2001 08:00 AM**
Secretary of State**DOCUMENT # P23741**1. Entity Name
CONNECTICUT INVESTMENT MANAGEMENT, INCORPORATED

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

65 MAIN STREET

3. Mailing Address

P.O. BOX 990

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
CENTERBROOK CTCity & State
ESSEX CT4. FEI Number
06-0890111Applied For
Not ApplicableZip Country
06409Zip Country
064265. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYST.
1200 S. PINE ISLAND RD.PLANTATION FL
33324 US

7. Name and Address of New Registered Agent

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 _____ **04/30/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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 State10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE DS ☐ Delete
NAME BAKER HAROLD ESQ.
STREET ADDRESS 515 MADISON AVE.
CITY-ST-ZIP NEW YORK NY 10016TITLE CEOD ☐ Delete
NAME FOOTE RICHARD L.
STREET ADDRESS 172 BRUSH HILL ROAD
CITY-ST-ZIP OLD LYME CTTITLE SVPC ☐ Delete
NAME ECHEVIERRIA BRENDA LEE
STREET ADDRESS 172 BRUSH HILL RD.
CITY-ST-ZIP OLD LYME CTTITLE PCDO ☐ Delete
NAME LONG GERALD A
STREET ADDRESS 172 BRUSH HILL RD.
CITY-ST-ZIP OLD LYME CTTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE CEOD ☒ Change ☐ Addition
NAME FOOTE RICHARD L
STREET ADDRESS 65 MAIN STREET
CITY-ST-ZIP CENTERBROOK CT 06409TITLE SVPC ☒ Change ☐ Addition
NAME ECHEVIERRIA BRENDA L
STREET ADDRESS 65 MAIN STREET
CITY-ST-ZIP CENTERBROOK CT 06409TITLE PCDO ☒ Change ☐ Addition
NAME LONG GERALD A
STREET ADDRESS 65 MAIN STREET
CITY-ST-ZIP CENTERBROOK CT 06409TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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 an address, with all other like empowered.

SIGNATURE: RICHARD L FOOTE

CEOD 04/30/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)