

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2001 8:00 am
Secretary of State

03-01-2001 90012 047 ***150.00

DOCUMENT # P29101

1. Entity Name
ORION SPECIALTY GROUP, INC.

| | |
|--|--|
| Principal Place of Business 9 FARM SPRINGS RD FARMINGTON CT 06032 | Mailing Address 9 FARM SPRINGS RD FARMINGTON CT 06032 |
|--|--|



DO NOT WRITE IN THIS SPACE

| | | | |
|--------------------------------|---------|--|-------------------------------|
| 2. Principal Place of Business | | 3. Mailing Address 9300 Arrowpoint Blvd. | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. MS 1313 | |
| City & State | | City & State Charlotte, NC | |
| Zip 28273 | Country | Zip 28273 | Country Mecklenburg |

| | |
|---|--|
| 4. FEI Number 06-1287147 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent
 Name **Corporation Service Company**
 Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street
 City **Tallahassee** **FL** Zip Code **32301**

8. The above named entity submits this statement for the purpose of changing its registered office, registered agent, or both, in the State of Florida.
 SIGNATURE: *Laura R. Dunlap* **Laura R. Dunlap as its agent** DATE: **2/9/01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DCOO BECKER, W M 9 FARM SPRINGS RD FARMINGTON CT 06032 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DSVG WHEELER, JOYCE W 9300 ARROWPOINT BLVD CHARLOTTE NC 28201 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VCFO PAULTER, MICHAEL L 9 FARM SPRINGS RD FARMINGTON CT 06032 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CS SPITZER, JUDY S 9 FARM SPRINGS RD FARMINGTON CT 06032 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP MULREADY, STEPHEN M 9 FARM SPRINGS RD FARMINGTON CT <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP SEMERARO, DAVID B 9 FARM SPRINGS RD FARMINGTON CT 06032 <input checked="" type="checkbox"/> Delete |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Chairman Terry Broderick 9300 Arrowpoint Blvd. Charlotte, NC 28273 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SVP & CFO Joseph F. Fisher 9300 Arrowpoint Blvd. Charlotte, NC 28273 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: *Judy S. Spitzer* **Judy S. Spitzer, Corp. Secretary** 2/23/01 704-522-2841
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)