

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P29863**

1. Entity Name

**MONOGRAM HOME EQUITY CORPORATION****FILED****May 23, 2000 8:00 am**  
**Secretary of State**

05-23-2000 90251 014 \*\*\*150.00

Principal Place of Business

Mailing Address

LONG RIDGE ROAD

BOX 8109

CT 06927

DEPT 8109

260 LONG RIDGE RD.

STAMFORD CT 06927-1600

US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**06-1297232**

Applied For

Not Applicable

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

**C T CORPORATION SYSTEM**  
**1200 SOUTH 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 ☐ Delete  
NAME PD  
STREET ADDRESS HAJTUN, STEPHEN D.  
CITY-ST-ZIP 1600 SUMMER STREET  
STAMFORD CTTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 260 LONG RIDGE ROAD  
CITY-ST-ZIP STAMFORD, CT 06927-9622TITLE ☐ Delete  
NAME S  
STREET ADDRESS BELCAMINO, BEVERLY A.  
CITY-ST-ZIP 1600 SUMMER STREET  
STAMFORD CTTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME V  
STREET ADDRESS GRAHAM, STEVE  
CITY-ST-ZIP 15 CAMPUS DRIVE  
SOMERSET NJTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME V  
STREET ADDRESS PALMER, JOHN C.  
CITY-ST-ZIP 15 CAMPUS STREET  
SOMERSET NJTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME AV  
STREET ADDRESS MEAD, ALEXANDRA  
CITY-ST-ZIP 15 CAMPUS STREET  
SOMERSET CTTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME VPT  
STREET ADDRESS HYDE, JEFFREY  
CITY-ST-ZIP 260 LONG RIDGE RD.  
STAMFORD CTTITLE ☐ 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 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

Date

Daytime Phone #

CR2E034 (9/99)