

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P34273

1. Entity Name

CONFERENCE CALL, USA

FILED

01 APR 20 PM 2:27

SECOND JUDICIAL CIRCUIT  
TALLAHASSEE, FLORIDA

*[Handwritten signature]*

Principal Place of Business

Mailing Address

3 High Ridge Park  
Stamford, CT 06905

2. Principal Place of Business

3. Mailing Address

3 High Ridge Park

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Stamford CT

Zip

Country

Zip

Country

06905

USA

4. FEI Number

58-1719813

Applied For

Not Applied

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  
C/O CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD.  
TALLAHASSEE FL 32301-2525

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 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 re-registering)

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

TITLE D ☐ Delete  
NAME John H. Casey, III  
STREET ADDRESS 3 High Ridge Road  
CITY-STATE-ZIP Stamford, CT 06905

TITLE D ☐ Delete  
NAME Leonard Tow  
STREET ADDRESS 3 High Ridge Park  
CITY-STATE-ZIP Stamford, CT 06905

TITLE D, President ☐ Delete  
NAME Rudy J. Graf  
STREET ADDRESS 3 High Ridge Park  
CITY-STATE-ZIP Stamford, CT 06905

TITLE Vice President ☐ Delete  
NAME Robert J. Larson  
STREET ADDRESS 3 High Ridge Park  
CITY-STATE-ZIP Stamford, CT 06905

TITLE Secretary ☐ Delete  
NAME L. Russell Mitten  
STREET ADDRESS 3 High Ridge Park  
CITY-STATE-ZIP Stamford, CT 06905

TITLE Treasurer ☐ Delete  
NAME Donald B. Armour  
STREET ADDRESS 3 High Ridge Park  
CITY-STATE-ZIP Stamford, CT 06905

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE Asst Secy ☐ Change ☐ Add  
NAME Virginia L Coode  
STREET ADDRESS 3 High Ridge Park  
CITY-STATE-ZIP Stamford, CT 06905

TITLE 800004287348 ☐ Change ☐ Add  
NAME -05/22/01--01071--005  
STREET ADDRESS \*\*\*\*150.00 \*\*\*\*150.00  
CITY-STATE-ZIP

TITLE ☐ Change ☐ Add  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Change ☐ Add  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Change ☐ Add  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Change ☐ Add  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

13. I hereby certify that the information 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 changed, or on an attachment with an address, with all other like empowered

SIGNATURE: Virginia L Coode Asst Secretary

OFFICER OR DIRECTOR

203 614 5135

4/13/01