

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P34405**

1. Entity Name

COMMUNICATIONS CREDIT CORPORATION**FILED**
May 03, 2001 8:00 am
Secretary of State

05-03-2001 91121 032 ***150.00

0573042

Principal Place of Business Mailing Address
260 LONG RIDGE ROAD DEPT. 8109
STAMFORD CT 06927 260 LONG RIDGE RD.
US STAMFORD CT 06927-9621
US

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **62-1433967**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

100**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, 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 VPT ☐ Delete
NAME HYDE, JEFFREY L
STREET ADDRESS 260 LONG RIDGE RD
CITY-ST-ZIP STAMFORD CT

TITLE VD ☐ Delete
NAME WOOD, WILLIAM F JR.
STREET ADDRESS 200 ATHENS WAY
CITY-ST-ZIP NASHVILLE TN 37228

TITLE T ☐ Delete
NAME VAUGHN, JERRY E
STREET ADDRESS 200 ATHENS WAY
CITY-ST-ZIP NASHVILLE TN 37228

TITLE SD ☐ Delete
NAME SCHECTER, ROGER A
STREET ADDRESS 200 ATHENS WAY
CITY-ST-ZIP NASHVILLE TN 37228

TITLE AS ☐ Delete
NAME MIDDLETON, LAWRENCE W
STREET ADDRESS 200 ATHENS WAY
CITY-ST-ZIP NASHVILLE TN 37228

TITLE D ☐ Delete
NAME HOLINSKI, STEPHEN A
STREET ADDRESS 3 ROBERT SPECK PARKWAY
CITY-ST-ZIP MISSISSAUGA, ONT., CANADA

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE *Asst Treas Taxes* ☐ Change ☒ Addition
NAME *John Amato*
STREET ADDRESS 260 LONG RIDGE ROAD
CITY-ST-ZIP STAMFORD, CT 06927-9622

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

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

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

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

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ 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: *John Amato***JOHN AMATO***4-27-01***203-357-4544**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)