

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P35751

1. Entity Name

TRIUMPH CORPORATE FINANCE GROUP, INC.

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90047 038 ***158.75

Principal Place of Business

Mailing Address

LAKEVIEW AVE.

160-268

PALM BEACH FL 33401

28 STATE ST 37 FL

BOSTON MA 02109-1775

US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

04-3000915

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 S. 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

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
D	WILLIAMS, RICHARD J	4 LONGFELLOW ROAD	WINCHESTER MA	<input checked="" type="checkbox"/>
TS	TREVISANI, ROBERT M	15 ABBOTT ROAD	WELLESLEY MA	<input type="checkbox"/>
D	JANES, THOMAS W	85-A MOUNT VERNON STREET	BOSTON MA	<input type="checkbox"/>
PD	MCCARTHY, FREDERICK W.	1519 N. OCEAN WAY	PALM BCH. FL	<input type="checkbox"/>
D	CHAPMAN, JOHN M	80 GRENNAN RD	W. HARTFORD RD CT 06107	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

CR2E034 (9/99)

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Robert M. Trevisani
ROBERT M. TREVISANI 4/5/00 (617) 557-6000