

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P40360**

1. Entity Name

**THE NASH ENGINEERING COMPANY**

Principal Place of Business

**9 TREFOIL DRIVE  
TRUMBULL CT 06611**

Mailing Address

**ATTN: TAX DEPT  
9 TREFOIL DRIVE  
TRUMBULL CT 06611  
US**

2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip

Country

6. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301**

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, 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          | VT                   | <input type="checkbox"/> Delete            |
| NAME           | HAYES, JOHN M        |  |
| STREET ADDRESS | 2561 BARRY COURT     |  |
| CITY-ST-ZIP    | YORKTOWN HEIGHT NY   |  |
| TITLE          | CD                   | <input type="checkbox"/> Delete            |
| NAME           | NORDENSON, MARK H    |  |
| STREET ADDRESS | 73 SOUTH STREET      |  |
| CITY-ST-ZIP    | FREEMPORT ME         |  |
| TITLE          | C                    | <input checked="" type="checkbox"/> Delete |
| NAME           | WALTER, GEORGE L     |  |
| STREET ADDRESS | 45 HARVEST LANE      |  |
| CITY-ST-ZIP    | MILFORD CT 06460     |  |
| TITLE          | V                    | <input checked="" type="checkbox"/> Delete |
| NAME           | TALONI, ADAM R       |  |
| STREET ADDRESS | 115 HOUSATONIC DR    |  |
| CITY-ST-ZIP    | MILFORD CT 06460     |  |
| TITLE          | P                    | <input type="checkbox"/> Delete            |
| NAME           | CLARKE, RICHARD M    |  |
| STREET ADDRESS | 63 TURKEY HILL RD. S |  |
| CITY-ST-ZIP    | WEST PART CT 06880   |  |
| TITLE          |                      | <input type="checkbox"/> Delete            |
| NAME           |                      |  |
| STREET ADDRESS |                      |  |
| CITY-ST-ZIP    |                      |  |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

**FILED**  
**Jan 25, 2001 8:00 am**  
**Secretary of State**

01-25-2001 90152 007 \*\*\*150.00

608594



DO NOT WRITE IN THIS SPACE

4. FEI Number **06-0463480**

Applied For

Not Applicable

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

CR2E034 (10/00)