

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**May 17, 2001 8:00 am**  
**Secretary of State**

05-17-2001 91344 025 \*\*\*150.00

**DOCUMENT # P95000081356**

1. Entity Name

**RAPOR, INC.**

Principal Place of Business

Mailing Address

**185 MAIN ST., STE. 219  
NEW BRITAIN CT 06051  
US****185 MAIN ST., STE. 219  
NEW BRITAIN CT 06051  
US****A0069476**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number **06-1440017**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**BAKER, JAMES D  
2300 CORPORATE BLVD.  
BOCA RATON FL 33431**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete  
NAME **KELLEM, CARL W**  
STREET ADDRESS **6 BRIAR PATCH LN**  
CITY-ST-ZIP **DANBURY CT 06811-3504**TITLE **D** ☐ Change ☒ Addition  
NAME **HARRIS, PETER W.**  
STREET ADDRESS **10 PLEASANT ST.**  
CITY-ST-ZIP **DOVER, MA 02030**TITLE **D** ☐ Delete  
NAME **BAKER, JAMES D**  
STREET ADDRESS **5580 COACH HOUSE CIRCLE UNIT E**  
CITY-ST-ZIP **BOCA RATON FL 33486**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **D** ☐ Delete  
NAME **BLOCK, JOSEPH**  
STREET ADDRESS **77 CAVALRY RD.**  
CITY-ST-ZIP **WESTPORT CT 06880**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **D** ☐ Delete  
NAME **ROSETTI, JOSEPH**  
STREET ADDRESS **39 CAVALRY RD.**  
CITY-ST-ZIP **WESTON CT 06883**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **D** ☐ Delete  
NAME **MAINEY, RICHARD**  
STREET ADDRESS **5 SUSAN DRIVE**  
CITY-ST-ZIP **NEWBURGH NY 12550**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **D** ☐ Delete  
NAME **FUCHS, MICHAEL**  
STREET ADDRESS **9 WEST 57TH ST., 42ND FLOOR**  
CITY-ST-ZIP **NEW YORK NY 10019**TITLE ☐ 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 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:

**PETER W. HARRIS**

Date

**5-1-01**

Daytime Phone #

**(860) 223-9170**

CR2E034 (10/00)