

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 16, 2002 8:00 am**  
**Secretary of State**

09-16-2002 90112 035 \*\*\*550.00

**DOCUMENT # P95000081356**

1. Entity Name  
**RAPOR, INC.**

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Is corporation eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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 ☐ Delete  
 NAME **D**  
 STREET ADDRESS **KELLEM, CARL W**  
 CITY-ST-ZIP **6 BRIAR PATCH LN 1527 Creekstone DR. DANBURY CT 06811-3504 Corydon, IN 47112**

TITLE ☐ Change ☒ Addition  
 NAME **President & CEO**  
 STREET ADDRESS **Peter W. HARRIS**  
 CITY-ST-ZIP **10 PLEASANT ST. DORSET, MA 02030**

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **BAKER, JAMES D**  
 CITY-ST-ZIP **5580 COACH HOUSE CIRCLE UNIT E BOCA RATON FL 33486**

TITLE ☐ Change ☒ Addition  
 NAME **D**  
 STREET ADDRESS **SAM LIEBERMAN**  
 CITY-ST-ZIP **147 Skyview Dr. STAMFORD CT 06902**

TITLE ☒ Delete  
 NAME **D**  
 STREET ADDRESS **BLOCK, JOSEPH**  
 CITY-ST-ZIP **77 CAVALRY RD. WESTPORT CT 06880**

TITLE ☐ Change ☒ Addition  
 NAME **D**  
 STREET ADDRESS **JOEL SMILOW**  
 CITY-ST-ZIP **74-315 DESERT ARROYO TRAIL INDIANWELLS, CA 92210**

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **ROSETTI, JOSEPH**  
 CITY-ST-ZIP **39 CAVALRY RD. WESTON CT 06883**

TITLE ☐ Change ☒ Addition  
 NAME **D**  
 STREET ADDRESS **HOWARD SAFIR**  
 CITY-ST-ZIP **437 MAIDSON AVE, 20th Fl NEW YORK, NEW YORK 10022**

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **MAINEY, RICHARD**  
 CITY-ST-ZIP **5 SUSAN DRIVE NEWBURGH NY 12550**

TITLE ☐ Change ☒ Addition  
 NAME **D**  
 STREET ADDRESS **DANIEL Altobello**  
 CITY-ST-ZIP **6550 Rock Spring Dr. Suite 550 Bethesda, MD 20814**

TITLE ☒ Delete  
 NAME **D**  
 STREET ADDRESS **FUCHS, MICHAEL**  
 CITY-ST-ZIP **9 WEST 57TH ST., 42ND FLOOR 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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)