

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000036050**

1. Entity Name

JOHN W. HENRY & COMPANY, INC.**FILED****Jan 26, 2000 8:00 am**
Secretary of State

01-26-2000 90047 034 ***150.00

Principal Place of Business

Mailing Address

**301 YAMATO ROAD
SUITE 2200
BOCA RATON FL 33431-4931****301 YAMATO ROAD
SUITE 2200
BOCA RATON FL 33431-4931**

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 **95-3797166**

Applied For

Not Applicable

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****MITCHELL, MARK H
301 YAMATO ROAD
SUITE 2200
BOCA RATON FL 33431-4931**

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

Mark H Mitchell

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 **D** ☐ Delete
NAME **HENRY, JOHN W**
STREET ADDRESS **301 YAMATO ROAD**
CITY-ST-ZIP **BOCA RATON FL 33431-4931**TITLE **Director, Chairman** ☒ Change ☐ Additor
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **MITCHELL, MARK H**
STREET ADDRESS **301 YAMATO ROAD**
CITY-ST-ZIP **BOCA RATON FL 33431-4931**TITLE **Director, Vice Chairman** ☒ Change ☐ Additor
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **TWIST, EDWIN B**
STREET ADDRESS **301 YAMATO ROAD**
CITY-ST-ZIP **BOCA RATON FL 33431-4931**TITLE ☐ Change ☒ Additor
NAME **SEE ATTACHED LIST**
STREET ADDRESS
CITY-ST-ZIPTITLE **SVP** ☐ Delete
NAME **KOZAK, DAVID M**
STREET ADDRESS **ONE GLENDINNING PLACE**
CITY-ST-ZIP **WESTPORT CT 06881**TITLE ☒ Change ☐ Additor
NAME
STREET ADDRESS
CITY-ST-ZIP **Westport, CT 06880**TITLE **SVCA** ☐ Delete
NAME **KENTON, ELIZABETH**
STREET ADDRESS **ONE GLENDINNING PLACE**
CITY-ST-ZIP **WESTPORT CT 06880**TITLE **Senior Vice President** ☒ Change ☐ Additor
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **P** ☐ Delete
NAME **SEDLACEK, VERNE O**
STREET ADDRESS **ONE GLENDINNING PLACE**
CITY-ST-ZIP **WESTPORT CT 06880**TITLE **President, Chief Operating Officer** ☒ Change ☐ Additor
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 #

1/10/00