

2001 UNIFORM BUSINESS REPORT (UBR) (AMENDED)

DOCUMENT # S79481

1. Entity Name

GRAYSON ASSOCIATES, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT -8 PM 5:46

Principal Place of Business

Mailing Address

1171 N. Ocean Boulevard
Gulfstream, FL 33483

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

06-0845658

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Arthur I. Grayson
1171 N. Ocean Boulevard
Gulfstream, FL 33483

Name
Nancy Grayson

Street Address (P.O. Box Number is Not Acceptable)

1171 N. Ocean Boulevard

City
Gulfstream

FL

Zip Code
33483

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 *Nancy H. Grayson*
Signature, typed or printed name of registered agent and title if applicable.

Nancy Grayson, Registered Agent

10/02/01

(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 NAME STREET ADDRESS CITY-ST-ZIP	Director/President/Secretary <input checked="" type="checkbox"/> Delete Arthur I. Grayson 1171 N. Ocean Boulevard Gulfstream, FL 33483
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition See attached.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500004638465--2 -10/16/01--01038--014 *****61.25 *****61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>R10/15</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *E. A. Renn*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Edward A. Renn, Asst. Secretary

203/789-1320

Date 10/02/01 Daytime Phone #

CR2E034 (11/00)

ATTACHMENT TO 2001 UNIFORM BUSINESS REPORT (UBR) (AMENDED)

Document #S79481

Entity Name: Grayson Associates, Inc.

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dominic Griek	
STREET ADDRESS	4059 Park Avenue	
CITY-ST-ZIP	Fairfield, CT 06614	

TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Nancy Grayson	
STREET ADDRESS	1171 N. Ocean Boulevard	
CITY-ST-ZIP	Gulfstream, FL 33483	

TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Katherine Grayson	
STREET ADDRESS	79 Templar Place	
CITY-ST-ZIP	Oakland, CA 94618	

TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jill Grayson	
STREET ADDRESS	15 Berkeley Road	
CITY-ST-ZIP	Westport, CT 06880	

TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Elizabeth Conetta	
STREET ADDRESS	201 Johnson Avenue	
CITY-ST-ZIP	Stratford, CT 06614	

TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Edward A. Renn	
STREET ADDRESS	157 Church Street, 19 th Floor	
CITY-ST-ZIP	New Haven, CT 06510	