2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

V41766 DOCUMENT®#

US 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Country Zip Country Zip Country Zip Country Zip Country S. Cartificate of Status Deared \$2.75 A Spale C Country Zip Country S. Cartificate of Status Deared \$2.75 A State C T CORPORATION SYSTEM 1200 S PINE ISLAND RD Street Address (P.O. Dox Number is Not Acceptable) Street Address (P.O. Dox Number is Not Acceptable) Street Address (P.O. Dox Number is Not Acceptable) SCHATTLINE STREET Address (P.O. Dox Number is Not Acceptable) SCHATTLINE STREET Address (P.O. Dox Number is Not Acceptable) SCHATTLINE STREET Address (P.O. Dox Number is Not Acceptable) SCHATTLINE STREET Address (P.O. Dox Number is Not Acceptable) SCHATTLINE STREET Address (P.O. Dox Number is Not Acceptable) SCHATTLINE STREET Address (P.O. Dox Number is Not Acceptable) SCHATTLINE STREET Address (P.O. Dox Number is Not Acceptable) SCHATTLINE STREET Address (P.O. Dox Number is Not Acceptable) SCHATTLINE STREET Address (P.O. Dox Number is Not Acceptable) SCHATTLINE STREET Address (P.O. Dox Number is Not Acceptable) STREET Address (P.O.	1. Entity Nar	RSIGNATURE AGENCY, INC.					04-28-2	2003 91325 0	19 ***150.	.00
Suffe, Apt. #. etc.	7840 WOODLAND CENTER BLVD. TAMPA FL 33614		P.O. BOX 30094 TAMPA FL 33630-3094							
City & State Country Country Country Country Country Country Country S. Certificate of Status Desired S. Additional Foo Required 6. Name and Address of Current Registered Agent T. Name and Address of their Registered Agent T. Name and Address of their Registered Agent CT CORPORATION SYSTEM 1200 S PINE ISLAND RD PLANTATION E. 33324 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Forlida. I am familiar with, and accept the deligibility of configurated agent of the I applicable. SIGNATURE Symbol to Profess and Directors FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 16. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. THE SIDDY, PAUL STRET ANDRESS DITY ST-2P HARTFORD CT TITLE OWNE GUERTIN, WEDDY GUERTIN, WEDDY MAKE BALLY, NANCY L STRET ANDRESS STRET ANDR	2. Principal Place of Business		3. Mailing Address							
Second S	Suite, Apt	#, etc.	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES			
Second S	City & Sta	te	City & State			4	. FEI Number 06-134 !	5091		
C T CORPORATION SYSTEM 1200 S PINE ISLAND RD PLANTATION FL 33324 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, S GNATURE FILE NOW!! FE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 INT. S EDDY, PAUL STREET ADDRESS ON'S 1-ZP HARTFORD CT INT. INT. INT. S UV SURFITH, WENDY STREET ADDRESS 7640 WOODLAND CENTER BLVD. ON'S 1-ZP TAMPA R. 33614 TILE D Delete TILE SPINER, ADDRESS 7840 WOODLAND CENTER BLVD. ON'S 1-ZP TAMPA R. 33614 TILE TILE TILE TILE TILE TILE TILE TIL	Zip	Country	Zip Count		,			-	\$8.75 Ad	lditional
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

Paul H. Eddy, Secretary

ONE TOWER SQUARE

HARTFORD CT 06183

FILED Apr 28, 2003 8:00 am Secretary of State

4/28/03 (860) 277-3536

Attachmen+#80095482 V41766

2003 UNIFORM BUSINESS REPORT (UBR) COUNTERSIGNATURE AGENCY, INC. DOCUMENT #V41766

11. (continued)

OFFICERS AND DIRECTORS

TITLE

ΑT

NAME

CHAMBERLAIN, CHARLES B.

STREET ADDRESS

One Tower Square

CITY-ST-ZIP

Hartford, CT 06183

TITLE

AT

NAME

QUAGGIN, JR., GEORGE M.

STREET ADDRESS

One Tower Square

CITY-ST-ZIP

Hartford, CT 06183

TITLE

AS

NAME

CONE, PERRY I.

STREET ADDRESS

7840 Woodland Center Blvd

CITY-ST-ZIP

Tampa, FL 33614