

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-28-2003 91325 019 ***150.00

DOCUMENT # V41766

1. Entity Name
COUNTERSIGNATURE AGENCY, INC.



Principal Place of Business
**7840 WOODLAND CENTER BLVD.
TAMPA FL 33614
US**

Mailing Address
**P.O. BOX 30094
TAMPA FL 33630-3094
US**



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 **06-1345091**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION FL 33324**

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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **S** ☐ Delete
NAME **EDDY, PAUL**
STREET ADDRESS **ONE TOWER SQUARE**
CITY-ST-ZIP **HARTFORD CT**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☐ Delete
NAME **GUERTIN, WENDY**
STREET ADDRESS **7840 WOODLAND CENTER BLVD**
CITY-ST-ZIP **TAMPA FL 33614**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **CD** ☐ Delete
NAME **BAILY, NANCY L**
STREET ADDRESS **7840 WOODLAND CENTER BLVD**
CITY-ST-ZIP **TAMPA FL 33614**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD** ☐ Delete
NAME **GRINER, DAVID H.**
STREET ADDRESS **7840 WOODLAND CENTER BLVD.**
CITY-ST-ZIP **TAMPA FL 33614**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** ☐ Delete
NAME **HILL, JOHN S**
STREET ADDRESS **7840 WOODLAND CENTER BLVD.**
CITY-ST-ZIP **TAMPA FL 33614**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **V**
STREET ADDRESS **RYAN, GEORGE A**
CITY-ST-ZIP **ONE TOWER SQUARE
HARTFORD CT 06183**

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.

SIGNATURE:

Paul H. Eddy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Paul H. Eddy, Secretary 4/28/03 (860) 277-3536

Date

Daytime Phone #

CR2E034 (10/02)

Attachment #80095482
V41766

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11. (continued)

OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

AT
CHAMBERLAIN, CHARLES B.
One Tower Square
Hartford, CT 06183

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

AT
QUAGGIN, JR., GEORGE M.
One Tower Square
Hartford, CT 06183

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

AS
CONE, PERRY I.
7840 Woodland Center Blvd
Tampa, FL 33614