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May 04, 1999 8:00 am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 854553

1. Corporation Name
UDV NORTH AMERICA, INC.

Principal Place of Business
**450 COLUMBUS BLVD
HARTFORD CT 06103-1800
US**

Mailing Address
**200 SOUTH SIXTH ST
TAX DEPT 08X3
MINNEAPOLIS MN 55402-1403
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/01/1982

4. FEI Number
06-1067908

Applied For
☐ Not Applicable

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

6. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

8. This corporation owes the current year intangible Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 **SIX-LANDMARK SQUARE**
Suite, Apt. #, etc.

22 City & State

23 **STAMFORD CT**

Zip Country

24 **06901**

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

81 Name

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

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE

NAME **PHILLIPS, CHARLES A**
STREET ADDRESS **450 COLUMBUS BLVD.**
CITY-ST-ZIP **HARTFORD CT**

TITLE **AS** ☐ DELETE

NAME **POPPEL, DONALD R**
STREET ADDRESS **200 SOUTH SIXTH STREET**
CITY-ST-ZIP **MINNEAPOLIS MN**

TITLE **VP** ☐ DELETE

NAME **RICKARD, DAVID**
STREET ADDRESS **450 COLUMBUS BLVD.**
CITY-ST-ZIP **HARTFORD CT**

TITLE **VPT** ☐ DELETE

NAME **LARSON, MARK A**
STREET ADDRESS **40 NORTHGATE**
CITY-ST-ZIP **AVON CT**

TITLE **V** ☐ DELETE

NAME **LEDREW, FREDERICK J.**
STREET ADDRESS **222 STAGECOACH ROAD**
CITY-ST-ZIP **AVON CT**

TITLE **VPS** ☐ DELETE

NAME **SCOTT, DAVID**
STREET ADDRESS **25 ANVIL DR.**
CITY-ST-ZIP **AVON CT**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/99 612 330-4915

Date

Daytime Phone #

CR2E034 (11/98)