

04-25-2003 90254 033 \*\*\*150.00

**FOR PROFIT CORPORATION**  
**UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P23322  
 1. Entity Name **Salus Real Estate, Inc.**

11017667

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**Six Landmark Square**  
 Suite, Apt. #, etc.

3. Mailing Address  
**Six Landmark Square**  
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**Stamford, CT 0690**

City & State  
**Stamford, CT**

Zip  
**06901**

Country  
**USA**

City & State  
**Stamford, CT**

Zip  
**06901**

Country  
**USA**

4. FEI Number  
**22-2428613**

Applied For  
 Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
**CT Corporation System**

Street Address (P.O. Box Number is Not Acceptable)  
**1200 S. Pine Island Road**

City  
**Plantation**

FL Zip Code  
**33324**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

January 1 - May 1, Fee is \$150.00  
 After May 1, Fee is \$550.00  
 Amended UBR is \$61.25  
**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			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Director John Stewart 6 Landmark Square Stamford, CT 06901</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Director Bruce Miller 6 Landmark Square Stamford, CT 06901</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>President, Treasurer, Asst. Secty. Bruce Miller 6 Landmark Square Stamford, CT 06901</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Vice President John Stewart 6 Landmark Square Stamford, CT 06901</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Vice President, Secretary John Craig 6 Landmark Square Stamford, CT 06901</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Bruce Miller **Bruce Miller, Director** Date 4/15/2003  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day-one Phone #

CR2E034B (12/01)