

**THE SCHOOL DISTRICT OF PALM BEACH COUNTY, FLORIDA  
SECTION 00010  
BENEFICIAL INTEREST AND DISCLOSURE OF OWNERSHIP AFFIDAVIT**

Project: \_\_\_\_\_ Bid No.: \_\_\_\_\_  
 Corporation Name: C.R.KLEWIN SOUTHEAST, INC. Tax FEIN Number: C. ....  
 STATE OF FLORIDA COUNTY OF PALM BEACH

Before me, the undersigned authority, personally appeared, \_\_\_\_\_, ("Corporate Representative") this \_\_\_\_\_ day of \_\_\_\_\_, 2002, who, first being duly sworn, as required by law, subject to the penalties prescribed for perjury, deposes and says:

- 1) Corporate Representative has read the contents of this Affidavit, has actual knowledge of the facts contained herein, and states that the facts contained herein are true, correct, and complete.
- 2) The following is a list of every "person" (as defined in Section 1.01(3), Florida Statutes to include individuals, children, firms, associates, joint adventures, partnerships, estates, trusts, business trusts, syndicates, fiduciaries, corporations and all other groups and combinations) holding 5% or more of the beneficial interest in the disclosing entity: (If more space is needed, attaché separate sheet)

A. Persons or corporate entities owning 5% or more:

Klewin Building Company, Inc., 40 Connecticut Ave., Norwich, CT 06360

Name	Address	Percentage

B. Persons or corporate entities who hold by proxy the voting power of 5% or more:

Name	Address	Percentage

C. Stock held for others and for whom held:

Name	Address	Percentage
For Whom Held	Address	Percentage
Name	Address	Percentage
For Whom Held	Address	Percentage
Name	Address	Percentage
For Whom Held	Address	Percentage

CORPORATE REPRESENTATIVE

By: [Signature]

SWORN TO and subscribed before me this 20<sup>th</sup> day of November, 2002, by Vincent McCurry  
 Such person(s). Notary Public must check applicable box):

is/are personally known to me. ( ) produced a current driver license (s). ( ) produced \_\_\_\_\_ as identification.

(NOTARY PUBLIC SEAL)

Suzanne M. Stephenson  
 Notary Public

Suzanne M. Stephenson  
 (Print, Type or Stamp Name of Notary Public)

My Commission Expires 1/31/03 00010-