

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

**Apr 20 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 457875 (3)

1. Corporation Name
STANLEY REAL ESTATE HOLDING CORP.



Principal Place of Business 1000 STANLEY DRIVE NEW BRITAIN CT 06053 US	Mailing Address 1000 STANLEY DRIVE NEW BRITAIN CT 06053 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	Country 25	Country 30
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3. Date Incorporated or Qualified 09/12/1974	
4. FEI Number 59-1589077	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOUGLAS, CRAIG A.	1.2 NAME	
STREET ADDRESS	11 SUMMER BROOK LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	CROMWELL CT 06478	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEDDLE, STEPHEN S	2.2 NAME	
STREET ADDRESS	66 KIPP STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	CHAPPAQUAIN NY 10514	2.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HUNTER, R ALAN	3.2 NAME	PD JOHN E. TURPIN
STREET ADDRESS	241 COLD SPRING RD.	3.3 STREET ADDRESS	20 HASTINGS TURN.
CITY-ST-ZIP	AVON CT 06001	3.4 CITY-ST-ZIP	AVON, CT 06001
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARTONE, MICHAEL A	4.2 NAME	
STREET ADDRESS	6 PROMONTORY DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	CHESHIRE CT	4.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUCK, RICHARD	5.2 NAME	VD THERESA F. YERKES
STREET ADDRESS	10 BARKER LANE	5.3 STREET ADDRESS	55 INVERNESS COURT
CITY-ST-ZIP	KENSINGTON CT 06037	5.4 CITY-ST-ZIP	CHESHIRE, CT 06410
TITLE	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAMS, THOMAS J.	6.2 NAME	S JENNIFER O. ESTABROOK
STREET ADDRESS	15 LAUREL CREST DR.	6.3 STREET ADDRESS	145 SOUTH STREET
CITY-ST-ZIP	BURLINGTON CT 06013	6.4 CITY-ST-ZIP	LITCHFIELD, CT 06759

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.

CR2E034 (10/97)