

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

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PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **F94000001521 (3)**

1. Corporation Name  
**AMERICAN ACQUISITION CORPORATION**



Principal Place of Business: **260 LONG RIDGE RD. STAMFORD CT**  
Mailing Address: **GE CAPITAL CORP. ATTN: SHANNON WILLIAMS P.O. BOX 9552 FT. MYERS FL 33906-9552**

3. Date Incorporated or Qualified: **03/25/1994**  
3a. Date of Last Report: **05/01/1995**  
4. FEI Number: **06-1350572**  
5. Certificate of Status Desired:  Applied For,  Not Applicable  
6. Election Campaign Financing Trust Fund Contribution:  **\$8.75 Additional Fee Required**,  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes,  No

2. Principal Place of Business  
21. Suite, Apt. #, etc.  
22. City & State  
23. Zip, Country  
24. Country

2a. Mailing Address  
26. Suite, Apt. #, etc.  
27. City & State  
28. Zip, Country  
29. Country  
30. Country

**9. Name and Address of Current Registered Agent**

**CORPORATION INFORMATION SERVICES, INC.  
1201 HAYES ST.  
TALLAHASSEE FL 32301**

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: **FL**

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 607.0506, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>PFEIFFER, R E</b>	
STREET ADDRESS	<b>260 LONG RIDGE RD.</b>	
CITY-ST-ZIP	<b>STAMFORD CT</b>	
TITLE	<b>PS</b>	<input type="checkbox"/> DELETE
NAME	<b>FRAIZER, M D</b>	
STREET ADDRESS	<b>260 LONG RIDGE RD.</b>	
CITY-ST-ZIP	<b>STAMFORD CT</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>HENRY, D B</b>	
STREET ADDRESS	<b>260 LONG RIDGE RD.</b>	
CITY-ST-ZIP	<b>STAMFORD CT</b>	
TITLE	<b>VS</b>	<input type="checkbox"/> DELETE
NAME	<b>HOGAN, M W</b>	
STREET ADDRESS	<b>260 LONG RIDGE RD.</b>	
CITY-ST-ZIP	<b>STAMFORD CT</b>	
TITLE	<b>VT</b>	<input type="checkbox"/> DELETE
NAME	<b>AMBLE, J C</b>	
STREET ADDRESS	<b>260 LONG RIDGE RD.</b>	
CITY-ST-ZIP	<b>STAMFORD CT</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>600001779976</b>
1.4 CITY-ST-ZIP	<b>04/15/96 - 01037-025</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>***200.00</b>
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>SEE ATTACHED</b>
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>4/14</b>
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Harry J. Schulman* **Harry J. Schulman**  
DATE: **4/8/96**  
DAY/PHONE: **203.357.4544**

CR2E034 (12/95)

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4/3/96

614 American Acquisition Corporation  
06-1350572

Name	Title	Business Address
David B. Henry	Director	260 Long Ridge Road Stamford CT 06927
Michael D. Frazier	Director	260 Long Ridge Road Stamford CT 06927
Michael D. Frazier	President	260 Long Ridge Road Stamford CT 06927
David B. Henry	Vice President	260 Long Ridge Road Stamford CT 06927
William Brennan	Vice President	777 Long Ridge Rd. Stamford CT 06927
M.W. Hogan	Vice President	19200 Von Karman #590 Irvine CA
Joan C. Amble	Vice President - Finance	260 Long Ridge Road Stamford CT 06927
Jeff Rutishauser	Secretary	260 Long Ridge Road Stamford CT 06927
Joan C. Amble	Treasurer	260 Long Ridge Road Stamford CT 06927
<del>Elaine S. Keller</del>	Assistant Treasurer - State Taxes	777 Long Ridge Rd. Stamford CT 06927
Gary J. Schulman	Assistant Treasurer - State Taxes	777 Long Ridge Rd. Stamford CT 06927
Scott Roberti	Assistant Treasurer - State Taxes	777 Long Ridge Rd. Stamford CT 06927