

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

**FILED**  
**Apr 23, 1999 8:00 am**  
**Secretary of State**

04-23-1999 90111 030 \*\*\*150.00

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PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



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

**DOCUMENT # F94000002785**

1. Corporation Name  
**EQUI-FINANCIAL CORPORATION**

Principal Place of Business 1275 WAMPANOAG TRAIL EAST PROVIDENCE RI 02915	Mailing Address 1275 WAMPANOAG TRAIL EAST PROVIDENCE RI 02915
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>05/26/1994</b>	
4. FEI Number <b>05-0469692</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29
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9. Name and Address of Current Registered Agent  
**PRENTICE HALL CORPORATION SYSTEMS, INC.**  
 1201 HAYES STREET  
 SUITE 105  
 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

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

TITLE	PCD	<input type="checkbox"/> DELETE
NAME	RYAN, KENNETH J	
STREET ADDRESS	1 TIGER LILY TRAIL	
CITY-ST-ZIP	REHOBOTH MA 02769	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RYAN, ROBERT J	
STREET ADDRESS	22 TAMARAC DR.	
CITY-ST-ZIP	WESTPORT CT	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MOTTI, PETER K	
STREET ADDRESS	9 DORR STREET	
CITY-ST-ZIP	BRANFORD CT	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FENTON, DEAN E	
STREET ADDRESS	34 MAHER AVENUE	
CITY-ST-ZIP	GREENWICH CT	
TITLE	CFO	<input type="checkbox"/> DELETE
NAME	SUGLIA, JAMES J	
STREET ADDRESS	6 APPLE BLOSSOM WAY	
CITY-ST-ZIP	STOW MA 01775	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BEAUVAIS, RAYMOND A.	
STREET ADDRESS	120 DUFFY DRIVE	
CITY-ST-ZIP	TAUNTON MA	

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	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
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	
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	
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: *A. Raymond Beauvais* /15/99  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**A. Raymond Beauvais, Controller**

(401) 433-4800

Date Daytime Phone #

CR2E034 (1/98)