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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # F95000000386 (1)

1. Corporation Name

WOMEN'S TENNIS COUNCIL, INC.



Principal Place of Business

Mailing Address

SOUNDVIEW PLAZA
1266 EAST MAIN ST.
STAMFORD CT 06902

SOUNDVIEW PLAZA
1266 EAST MAIN ST.
STAMFORD CT 06902-3546

3. Date Incorporated or Qualified
01/24/1995

3a. Date of Last Report
02/06/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CCEO
NAME WORCESTER, ANNE P
STREET ADDRESS 321 INDIAN ROCK ROAD
CITY-ST-ZIP NEW CANAAN CT 06840

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VS
NAME TEPPER, JACQUELINE
STREET ADDRESS 800 RIVER ROAD, APT. #1
CITY-ST-ZIP GREENWICH CT

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE VT
NAME MEDER, JAY
STREET ADDRESS 12213 WOOD DUCK PLACE
CITY-ST-ZIP TAMPA FL 33617

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE V
NAME KELLMEYER, PEACHY
STREET ADDRESS 11535 SHIPWATCH WAY #1020
CITY-ST-ZIP LARGO FL 34644

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D
NAME FELDMAN, KAREN
STREET ADDRESS 380 EAST 55TH ST., #2-M
CITY-ST-ZIP NEW YORK NY 10022

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D
NAME SHRIVER, PAM
STREET ADDRESS 2324 W JOPPA ROAD, STE. 650
CITY-ST-ZIP LUTHERVILLE MD 21093

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Jaerul...*

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