

FILE NOW: FILING FEE IS \$61.25

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**May 13 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F95000000386 (1)
 1. Corporation Name
WOMEN'S TENNIS COUNCIL, INC.



Principal Place of Business SOUNDVIEW PLAZA 1266 EAST MAIN ST. STAMFORD CT 06902	Mailing Address SOUNDVIEW PLAZA 1266 EAST MAIN ST. STAMFORD CT 06902
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3. Date Incorporated or Qualified 01/24/1995	
4. FEI Number 13-3792400	Applied For <input type="checkbox"/> 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	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 SOUTH 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. City	
84. City	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	CEO	<input checked="" type="checkbox"/> DELETE
NAME	WORCESTER, ANNE P	
STREET ADDRESS	321 INDIAN ROCK ROAD	
CITY-ST-ZIP	NEW CANAAN CT 06840	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	TEPPER, JACQUELINE	
STREET ADDRESS	500 RIVER ROAD, APT. #1	
CITY-ST-ZIP	GREENWICH CT	
TITLE	VT	<input checked="" type="checkbox"/> DELETE
NAME	CLINE, KIMBERLY	
STREET ADDRESS	45 NASSAU BLVD	
CITY-ST-ZIP	GARDEN CITY NY	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	KELMEYER, PEACHY	
STREET ADDRESS	11535 SHIPWATCH WAY #1020	
CITY-ST-ZIP	LARGO FL 34644	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BARTONI, FRANCO	
STREET ADDRESS	360 EAST 65TH ST., #2-M	
CITY-ST-ZIP	NEW YORK NY	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ARVIX, BOB	
STREET ADDRESS	THREE PARKLANDS DRIVE	
CITY-ST-ZIP	DARIEN CT	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Bart McGuire	
1.3 STREET ADDRESS	111 Highfield Rd.	
1.4 CITY-ST-ZIP	Wilton, CT 06897	
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	96 Old Mill Lane	
2.3 STREET ADDRESS	Stamford, CT 06902	
2.4 CITY-ST-ZIP		
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Sara Fornaciari	
3.3 STREET ADDRESS	7020 Heatherhill Road	
3.4 CITY-ST-ZIP	Bethesda, MD 20817	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Brian Tobin	
4.3 STREET ADDRESS	Bank Lane, Roehampton	
4.4 CITY-ST-ZIP	London SW15 5LE, England	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	ARVIX, BOB	
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **4/28/98 203-978-1740**

CR2E037 (10/97)