

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

FILED
Apr 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # F97000000411 (5)
 1. Corporation Name **DPIC MANAGEMENT SERVICES CORPORATION**



Principal Place of Business 9 FARM SPRINGS DR FARMINGTON CT 06032	Mailing Address 9 FARM SPRINGS DR FARMINGTON CT 06032
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/24/1997	
21	22	26	27	4. FEI Number 06-1459318	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23	24	28	29	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Zip	Country	Zip	Country		

9. Name and Address of Current Registered Agent

**C T 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
 84 City **FL** 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	DCFO	<input checked="" type="checkbox"/> DELETE
NAME	BARRY, DANIEL L	
STREET ADDRESS	9 FARM SPRINGS DR	
CITY-ST-ZIP	FARMINGTON CT 06032	
TITLE	DC	<input type="checkbox"/> DELETE
NAME	BECKER, W MARSTON	
STREET ADDRESS	9 FARM SPRINGS DR	
CITY-ST-ZIP	FARMINGTON CT 06032	
TITLE	DC	<input checked="" type="checkbox"/> DELETE
NAME	GRUBER, ALAN R	
STREET ADDRESS	800 5TH AVE	
CITY-ST-ZIP	NY NY 10020	
TITLE	DC	<input type="checkbox"/> DELETE
NAME	OKARMA, THOMAS M	
STREET ADDRESS	2959 MONTEREY/SALINAS HWY	
CITY-ST-ZIP	MONTEREY CA 93940	
TITLE	P	<input type="checkbox"/> DELETE
NAME	BRANTON, MICHAEL A	
STREET ADDRESS	100 CAPITOLA DR #104	
CITY-ST-ZIP	DURHAM NC 27713	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	MALONEY, MICHAEL P	
STREET ADDRESS	800 5TH AVE	
CITY-ST-ZIP	NY NY 10020	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VP/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Craig A. Nyman	
1.3 STREET ADDRESS	9 Farm Springs Road	
1.4 CITY-ST-ZIP	Farmington, CT 06032	
2.1 TITLE	D/C/CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	James W. Webb	
3.3 STREET ADDRESS	9 Farm Springs Road	
3.4 CITY-ST-ZIP	Farmington, CT 06032	
4.1 TITLE	D/VC	<input checked="" 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	D/SVP/GC/AS	<input checked="" 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.

SIGNATURE: *James W. Webb* James W. Webb, Vice President *14 April 98* (860) 674-6600

CR2E034 (10/97)