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FILED
May 12 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 # **P10075** **(0)**

1. Corporation Name
PHILIP MORRIS CAPITAL CORPORATION

Principal Place of Business	Mailing Address
200 FIRST STANFORD PL % JOHN P GELCICH, STDP STANFORD CT 06902 US	200 FISRT STANFORD PLACE % JOHN P GELCICH STANFORD CT 06902 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/12/1986

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

4. FEI Number: 13-3103583 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. 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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VP	☐ DELETE	1.1 TITLE	VP	☐ Change ☐ Addition
NAME	MULLIGAN, J JOHN		1.2 NAME	MULLIGAN, J. JOHN	
STREET ADDRESS	[illegible]		1.3 STREET ADDRESS	862 TOWNE HOUSE ROAD	
CITY-ST-ZIP	[illegible]		1.4 CITY-ST-ZIP	FAIRFIELD, CT 06430	
TITLE	P	☐ DELETE	2.1 TITLE	P	☐ Change ☐ Addition
NAME	[illegible] MICHAEL J.		2.2 NAME	LEWIS, GEORGE R.	
STREET ADDRESS	[illegible]		2.3 STREET ADDRESS	236 SOUTH LAKE DRIVE	
CITY-ST-ZIP	FAIRFIELD CT		2.4 CITY-ST-ZIP	STAMFORD, CT 06903	
TITLE	SGC	☐ DELETE	3.1 TITLE	SGC	☐ Change ☐ Addition
NAME	LEVENE, DOUGLAS B		3.2 NAME	LEVENE, DOUGLAS B.	
STREET ADDRESS	[illegible]		3.3 STREET ADDRESS	45 RYDERS LANE	
CITY-ST-ZIP	[illegible]		3.4 CITY-ST-ZIP	WILTON, CT 06897	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (10/97)

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: [illegible] 4/12/98