

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P10735 (9)**

1. Corporation Name

CONNECTICUT GENERAL REALTY RESOURCES, INC.-THIRD



Principal Place of Business

Mailing Address

900 COTTAGE GROVE RD.
S-215, INVESTMENT LAW
BLOOMFIELD, CONNECTICUT 06002

900 COTTAGE GROVE RD.
S-215, INVESTMENT LAW
HARTFORD CT 06152-2215
US

3. Date Incorporated or Qualified

07/10/1986

3a. Date of Last Report

02/28/1995

2. Principal Place of Business

2a. Mailing Address

21

26

State, Apt. #, etc.

State, 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

4. FEI Number

06-1093485

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 has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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

Signature, typed or printed name of the principal officer and date, if applicable

(NOTE: Registered Agent signature required when transferring)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	ALBRO, R. BRUCE	
STREET ADDRESS	900 COTTAGE GROVE RD	
CITY-STATE-ZIP	HARTFORD CT	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	O'COIN, GERALDINE J	
STREET ADDRESS	900 COTTAGE GROVE RD	
CITY-STATE-ZIP	HARTFORD CT	
TITLE	T	<input type="checkbox"/> DELETE
NAME	BLENDER, MARCY F.	
STREET ADDRESS	1601 CHESTNUT ST TWO LIBERTY PL	
CITY-STATE-ZIP	PHILADELPHIA PA	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WILKINSON, JOHN	
STREET ADDRESS	900 COTTAGE GROVE RD	
CITY-STATE-ZIP	HARTFORD CT	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	PORCELLO, DAVID M.	
STREET ADDRESS	900 COTTAGE GROVE RD	
CITY-STATE-ZIP	HARTFORD CT	
TITLE	VPC	<input type="checkbox"/> DELETE
NAME	BLODGETT, VERNE E	
STREET ADDRESS	900 COTTAGE GROVE RD	
CITY-STATE-ZIP	HARTFORD CT	

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-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	DAVID C. Scheinerman
4.3 STREET ADDRESS	900 Cottage Grove Rd
4.4 CITY-STATE-ZIP	HARTFORD CT 06152-2215
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Geraldine J. O'Coin* 1/26/96 865-126-5986
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 GERALDINE J. O'COIN, Asst Secretary
 DATE: 1/26/96
 DAYTIME PHONE: 865-126-5986

CR2E034 (12/95)