

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

**FILED**  
**May 07, 1999 8:00 am**  
**Secretary of State**

05-07-1999 90004 049 \*\*\*150.00

**PROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P25389**

1. Corporation Name  
**DPIC COMPANIES, INC.**



Principal Place of Business Mailing Address  
 9 FARM SPRING DRIVE 9 FARM SPRING DRIVE  
 FARMINGTON CT 06032 FARMINGTON CT 06032

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**07/24/1989**

4. FEI Number **77-0209351** 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 the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business 2a. Mailing Address  
 21 **9 Farm Springs Road** 26 **9 Farm Springs Road**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 22 City & State 27  
 23 Zip Country 28 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 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable.

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

TITLE	VPT	<input type="checkbox"/> DELETE
NAME	NYMAN, CRAIG A	
STREET ADDRESS	9 FARM SPRINGS DRIVE	
CITY-ST-ZIP	FARMINGTON CT	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	OKARMA, THOMAS M	
STREET ADDRESS	2959 MONTEREY/SALINAS HIGHWAY	
CITY-ST-ZIP	MONTEREY CA 93940	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SPITZER, JUDY S	
STREET ADDRESS	9 FARM SPRINGS DRIVE	
CITY-ST-ZIP	FARMINGTON CT 06032	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	WEBB, JAMES W	
STREET ADDRESS	9 FARMS SPRINGS DR	
CITY-ST-ZIP	FARMINGTON CT	
TITLE	DC	<input type="checkbox"/> DELETE
NAME	BECKER, W MARSTON	
STREET ADDRESS	9 FARM SPRINGS DR	
CITY-ST-ZIP	FARMINGTON CT	
TITLE	VAS	<input type="checkbox"/> DELETE
NAME	BEERS, WILLIAM M	
STREET ADDRESS	2959 MONTEREY SALINAS HWY	
CITY-ST-ZIP	MONTEREY CA	

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	9 Farm Springs Road
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	9 Farm Springs Road
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	9 Farm Springs Road
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	9 Farm Springs Road
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	VP/GC/AS
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, with all other like empowered.

**SIGNATURE:** *James W. Webb* James W. Webb **27 April 99** (860) 674-2512  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)