

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **P30861** (9)

1. Corporation Name
THE CHINET COMPANY

FILED
95 JAN 23 AM 10:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
**301 MERRITT 7
NORWALK CT 06856
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **08/21/1990** 3a. Date of Last Report **03/23/1994**
4. FEI Number **94-2509882** 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

2. Principal Place of Business 2a. Mailing Address
21 **101 MERRITT 7** 26 **101 MERRITT 7**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 **NORWALK, CT** 28 **NORWALK, CT**
Zip Country Zip Country
24 **06856** 25 **US** 29 **06856** 30 **US**

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 S. 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 _____ (Signature, typed or printed name of registered agent and title specified) (NOTE: Registered Agent is printer unless otherwise indicated) (DATE)

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CPD SCHUIT, ALEXANDER J 301 MERRIT 7 NORWALK CT
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V SPICER, MICHAEL E B 301 MERRIT 7 NORWALK CT
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T SCHOCH, KEITH A 301 MERRIT 7 NORWALK CT
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BASLEY, GILLES 1180 AA AMSTELVEEN THE NE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SAINT-DENIS, ANDRE 1180 AA AMSTELVEEN THE NE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
62 NAME	D William deVlugt
63 STREET ADDRESS	1180 AA AMSTELVEEN
64 CITY - ST - ZIP	THE NE

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 110.07(3)(b), Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if each 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 as an attachment with an address.

SIGNATURE: **MARVIN J. WETHAM, Asst. Secretary** 1/11/95 203-844-4128
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR