

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

FILED
Feb 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # P30861 (9)

1. Corporation Name
THE CHINET COMPANY



Principal Place of Business 101 MERRITT 7 NORWALK CT 06856 US	Mailing Address 101 MERRITT 7 NORWALK CT 06851-1059 US
---	--

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 06/21/1990	3a. Date of Last Report 06/18/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 94-2509882	Applied For <input type="checkbox"/> Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	30. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

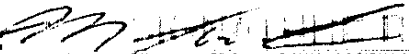
9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324		10. Name and Address of New Registered Agent	
81. Name	82. Street Address (P.O. Box Number is Not Acceptable)	83.	84. City
		85. Zip Code	FL

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CPD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHUIT, ALEXANDER J	1.2 NAME	
STREET ADDRESS	101 MERRIT 7	1.3 STREET ADDRESS	
CITY-ST-ZIP	NORWALK CT	1.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPICER, MICHAEL E B	2.2 NAME	
STREET ADDRESS	101 MERRIT 7	2.3 STREET ADDRESS	
CITY-ST-ZIP	NORWALK CT	2.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHOCH, KEITH A	3.2 NAME	
STREET ADDRESS	101 MERRIT 7	3.3 STREET ADDRESS	
CITY-ST-ZIP	NORWALK CT	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEMIGUEL, FRANCISCO	4.2 NAME	
STREET ADDRESS	1180 AA AMSTELVEEN	4.3 STREET ADDRESS	
CITY-ST-ZIP	THE NE FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAINT-DENIS, ANDRE	5.2 NAME	
STREET ADDRESS	1180 AA AMSTELVEEN	5.3 STREET ADDRESS	
CITY-ST-ZIP	THE NE	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEVLUGT, WILLIAM	6.2 NAME	
STREET ADDRESS	1180 AA AMSTELVEEN	6.3 STREET ADDRESS	
CITY-ST-ZIP	THE NE	6.4 CITY-ST-ZIP	

14. I do 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:  **Marvin J. Witham** **2/21/97**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER: **Assistant Secretary** Date: Daytime Phone #

CR2E034 (9/96)