FILE NOW: FILING FEE MAY BE $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 JAN 11 PM 12:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600001382206

DOCUMENT # P32009 (3)

1. Corporation Name
BURNS ROAD REALTY CORPORATION

Principal Place of Business	Mailing Address
3003 SUMMER STREET, BOX 7900 STAMFORD CT 06904	3003 SUMMER STREET, BOX 7900 STAMFORD CT 06904

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/03/1990
3a. Date of Last Report: 08/11/1994

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

4. FEI Number: APPLIED FOR 06-1338008 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.75 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

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

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 _____ 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	P	1.1 TITLE	☐ Change ☐ Addition
NAME	GIGLIOTTI, ROBERT P	1.2 NAME	
STREET ADDRESS	3003 SUMMER STREET, BOX 7900	1.3 STREET ADDRESS	
CITY-ST-ZIP	STAMFORD CT 06904	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	☐ Change ☐ Addition
NAME	HOOVER, STEVEN B	2.2 NAME	
STREET ADDRESS	3003 SUMMER STREET, BOX 7900	2.3 STREET ADDRESS	
CITY-ST-ZIP	STAMFORD CT 06904	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	☑ Change ☐ Addition
NAME	STONE, MICHAEL J	3.2 NAME	STRONE, Michael J.
STREET ADDRESS	3003 SUMMER STREET, BOX 7900	3.3 STREET ADDRESS	
CITY-ST-ZIP	STAMFORD CT 06904	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	☐ Change ☐ Addition
NAME	LEVANTI, STEPHEN J	4.2 NAME	
STREET ADDRESS	3003 SUMMER STREET, BOX 7900	4.3 STREET ADDRESS	
CITY-ST-ZIP	STAMFORD CT 06904	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☑ Change ☐ Addition
NAME	STONE, MICHAEL J	5.2 NAME	STRONE, Michael J.
STREET ADDRESS	3003 SUMMER STREET, BOX 7900	5.3 STREET ADDRESS	
CITY-ST-ZIP	STAMFORD CT 06904	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	CJ1+

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)(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: _____ Stephen J. Levanti (203) 326-2100
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER Date (Area) Phone #

0000378 CP

CORPORATION INFORMATION
SERVICES, INC.
1201 HAYS STREET
TALLAHASSEE, FL 32301
904-222-9171
904-222-0393 FAX

800-342-8086

csc networks

MAIL TO:
P.O. Box 5828
TALLAHASSEE, FL 32314

ACCOUNT NO. : 072100000032

REFERENCE : 522842 8630A

AUTHORIZATION : Patricia Piggott

COST LIMIT : $ 200.00

ORDER DATE : January 10, 1995

ORDER TIME : 9:46 AM

ORDER NO. : 522842

CUSTOMER NO: 8630A

CUSTOMER: Mr. Manuel Olivares
Ge Investment Co.
Registered Agent Department
1013 Centre Road
Wilmington, DE 19805

ANNUAL REPORT FILING

NAME: BURNS ROAD REALTY CORPORATION

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY
____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: CAROL HENSAL/LEL

EXAMINER'S INITIALS: CH