

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P33685 (9)

1. Corporation Name
CONAM INSPECTION, INC.



Principal Place of Business: **401 MERRITT 7, BOX 5023 NORWALK CT 06856-5023**
Mailing Address: **401 MERRITT 7, BOX 5023 NORWALK CT 06856-5023**

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

3. Date Incorporated or Qualified 04/24/1991	3a. Date of Last Report 02/06/1995
4. FEI Number 06-1226185	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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 _____ Signature, typed or printed name of registered agent and title, if applicable _____ (NOTE: Registered Agent signature is required when name of agent changes) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BATTEY, K.A.	1.2 NAME	
STREET ADDRESS	11 DINGWALL ROAD	1.3 STREET ADDRESS	
CITY - ST - ZIP	CROYDON, ENGLAND	1.4 CITY - ST - ZIP	
TITLE	PD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CREECH, B.F.	2.2 NAME	
STREET ADDRESS	8217 CARLISLE DRIVE	2.3 STREET ADDRESS	
CITY - ST - ZIP	HANOVER PARK IL	2.4 CITY - ST - ZIP	
TITLE	V	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'ROURKE, J.K.	3.2 NAME	
STREET ADDRESS	337 TERRACE	3.3 STREET ADDRESS	
CITY - ST - ZIP	BARTLETT IL	3.4 CITY - ST - ZIP	
TITLE	TAS	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AGLIARDO, A.E.	4.2 NAME	
STREET ADDRESS	83 HILLBROOK RD.	4.3 STREET ADDRESS	
CITY - ST - ZIP	WILTON CT	4.4 CITY - ST - ZIP	
TITLE	S	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARDY, S.L.	5.2 NAME	
STREET ADDRESS	43 GREEN PASTURE ROAD	5.3 STREET ADDRESS	
CITY - ST - ZIP	BETHEL CT	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

*TAS
Agliardo, A.E.
401 Merritt 7
Norwalk, CT 06856-5023*

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

203-845-7901
Daytime Phone #

CR2E034 (12/95)