

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 20 PM 1:45

DOCUMENT # **P41056** (3)

1. Corporation Name
THE MORGANTI GROUP, INC.

Principal Place of Business Mailing Address
100 MILL PLAIN ROAD 100 MILL PLAIN ROAD
4TH FLOOR 4TH FLOOR
DANBURY CT 06811 DANBURY CT 06811
US US

DO NOT WRITE IN THIS SPACE.

| | | | | | |
|--------------------------------|-------------|-------------------------|-------------|---|-------------------------|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | 3a. Date of Last Report |
| 21 | | 26 | | 10/19/1992 | 02/01/1994 |
| 22. Suite, Apt. #, etc. | | 27. Suite, Apt. #, etc. | | 4. FEI Number | Applied For |
| 23. City & State | | 28. City & State | | 06-1149260 | Not Applicable |
| 24. Zip | 25. Country | 29. Zip | 30. Country | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 24 | | 25 | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 24 | | 25 | | 6. 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 | | | | 10. Name and Address of New Registered Agent | | | |
| C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 | | | | B1 Name | | | |
| | | | | B2 Street Address (P.O. Box Number is Not Acceptable) | | | |
| | | | | B3 | | | |
| | | | | B4 City | | | |
| | | | | 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 _____ DATE _____
Signature typed or printed below of registered agent and fee if applicable. NOTE: New agent April signature required when registering.

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---------------------|---|---|
| TITLE | PT | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MORGANTI, ROBERT J. | 1.2 NAME | |
| STREET ADDRESS | 100 MILL PLAIN RD | 1.3 STREET ADDRESS | |
| CITY - ST - ZIP | DANBURY CT | 1.4 CITY - ST - ZIP | |
| TITLE | VS | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SIHWEIL, ISA S. | 2.2 NAME | |
| STREET ADDRESS | 100 MILL PLAIN RD | 2.3 STREET ADDRESS | |
| CITY - ST - ZIP | DANBURY CT | 2.4 CITY - ST - ZIP | |
| TITLE | C | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | TOROYAN, KEVORK | 3.2 NAME | |
| STREET ADDRESS | 100 MILL PLAIN RD | 3.3 STREET ADDRESS | |
| CITY - ST - ZIP | DANBURY CT | 3.4 CITY - ST - ZIP | |
| TITLE | D | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SHAWWA, NABIL | 4.2 NAME | |
| STREET ADDRESS | 100 MILL PLAIN RD | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | DANBURY CT | 4.4 CITY - ST - ZIP | |
| TITLE | D | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | REYNOLDS, FRANK | 5.2 NAME | |
| STREET ADDRESS | 100 MILL PLAIN RD | 5.3 STREET ADDRESS | |
| CITY - ST - ZIP | DANBURY CT | 5.4 CITY - ST - ZIP | |
| TITLE | D | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MCGAUGHAN, MACK | 6.2 NAME | |
| STREET ADDRESS | 100 MILL PLAIN RD | 6.3 STREET ADDRESS | |
| CITY - ST - ZIP | DANBURY CT | 6.4 CITY - ST - ZIP | |

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 such certificate, 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: IA Northam Group Vice President 1/16/95 203 743 2675
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE PHONE (Area)