

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

FILED

Jan 24 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P41056 (3)**  
1. Corporation Name  
**THE MORGANTI GROUP, INC.**



Principal Place of Business <b>100 MILL PLAIN ROAD 4TH FLOOR DANBURY CT 06811 US</b>	Mailing Address <b>100 MILL PLAIN ROAD 4TH FLOOR DANBURY CT 06811-5178 US</b>
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<b>21</b> 2. Principal Place of Business	<b>2a.</b> Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
<b>22</b> City & State	<b>27</b> City & State
<b>23</b> Zip	<b>28</b> Country
<b>24</b> Country	<b>25</b> Zip
<b>29</b> Country	<b>30</b> Zip

<b>3.</b> Date Incorporated or Qualified <b>10/18/1992</b>	<b>3a.</b> Date of Last Report <b>02/07/1996</b>
<b>4.</b> FEI Number <b>06-1149260</b>	Applied For <input type="checkbox"/> Not Applicable
<b>5.</b> Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>8.</b> 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**  
**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

**10. Name and Address of New Registered Agent**

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City
<b>85</b> 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 of registered agent or registered agent and fee, if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>ESBJOURNISON, DONALD L.</b>	
STREET ADDRESS	<b>100 MILL PLAIN ROAD</b>	
CITY-ST-ZIP	<b>DANBURY CT</b>	
TITLE	<b>VS</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>SIHWEIL, ISA S.</b>	
STREET ADDRESS	<b>100 MILL PLAIN RD</b>	
CITY-ST-ZIP	<b>DANBURY CT</b>	
TITLE	<b>C</b>	<input type="checkbox"/> DELETE
NAME	<b>TOROYAN, KEVORK</b>	
STREET ADDRESS	<b>100 MILL PLAIN RD</b>	
CITY-ST-ZIP	<b>DANBURY CT</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>SHAWWA, NABIL</b>	
STREET ADDRESS	<b>100 MILL PLAIN RD</b>	
CITY-ST-ZIP	<b>DANBURY CT</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>REYNOLDS, FRANK</b>	
STREET ADDRESS	<b>100 MILL PLAIN RD</b>	
CITY-ST-ZIP	<b>DANBURY CT</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BIZRI, RAFIC</b>	
STREET ADDRESS	<b>100 MILL PLAIN ROAD</b>	
CITY-ST-ZIP	<b>DANBURY CT</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>VP - Corporate Affairs</b>	
2.3 STREET ADDRESS	<b>Takla, Nabil M.</b>	
2.4 CITY-ST-ZIP	<b>100 Mill Plain Road Danbury, CT</b>	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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: Nabil M. Takla, v.p. Nabil M. Takla 1/10/97 203 743 2675  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)