


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

FILED
Feb 26, 1999 8:00 am
Secretary of State

02-26-1999 90056 012 ***158.75

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P41056

1. Corporation Name
THE MORGANTI GROUP, INC.



Principal Place of Business 100 MILL PLAIN ROAD 4TH FLOOR DANBURY CT 06811 US	Mailing Address 100 MILL PLAIN ROAD 4TH FLOOR DANBURY CT 06811 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/19/1992

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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4. FEI Number 06-1149260	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" 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 owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input checked="" 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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	KAYYALI, IZZAT
STREET ADDRESS	100 MILL PLAIN ROAD
CITY-ST-ZIP	DANBURY CT 06811
TITLE	DVP <input type="checkbox"/> DELETE
NAME	DER-OHANNESSIAN, LEON
STREET ADDRESS	100 MILL PLAIN ROAD
CITY-ST-ZIP	DANBURY CT 06811
TITLE	EVPS <input type="checkbox"/> DELETE
NAME	TAKLA, NABIL M
STREET ADDRESS	100 MILL PLAIN ROAD
CITY-ST-ZIP	DANBURY CT 06811
TITLE	VP <input checked="" type="checkbox"/> DELETE
NAME	VARTANIAN, VARTAN
STREET ADDRESS	100 MILL PLAIN RD
CITY-ST-ZIP	DANBURY CT 06811
TITLE	SVP <input type="checkbox"/> DELETE
NAME	CATINO, THEODORE
STREET ADDRESS	100 MILL PLAIN ROAD
CITY-ST-ZIP	DANBURY CT 06811
TITLE	SVP <input type="checkbox"/> DELETE
NAME	SIMONE, VINCE
STREET ADDRESS	100 MILL PLAIN ROAD
CITY-ST-ZIP	DANBURY CT 06811

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	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Der-Ohannessian, Leon
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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	Executive Vice President, <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Operations
4.3 STREET ADDRESS	Elhaj, Riad
4.4 CITY-ST-ZIP	100 Mill Plain Rd, Danbury, CT 06811
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 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, with all other like empowered.

SIGNATURE: Nabil Takla Nabil Takla, Exec. VP & Secty. 1/11/99 203-743-2675
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)