

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

**FILED**  
**Apr 14 1996 8:00 am**  
**Secretary of State**

DOCUMENT # **S02008** (8)  
1. Corporation Name  
**C.S. TOWNHOME CORP.**



Principal Place of Business: **260 LONG RIDGE ROAD STAMFORD CT 06927 US**  
Mailing Address: **GE CAPITAL CORP. ATTN: SHANNON WILLIAMS P.O. BOX 9552 FT. MYERS FL 33906-9552**

3. Date Incorporated or Qualified: **09/25/1990** 3a. Date of Last Report: **05/01/1995**  
4. FEI Number: **65-0227838** Applied For:  Not Applicable  
5. Certificate of Status Desired:  **\$8.75 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

2. Principal Place of Business: 21  
2a. Mailing Address: 26  
Suite, Apt. #, etc.: 22 **Dept. 8109**  
City & State: 23 **260 Long Ridge Rd. Stamford, Ct 06927-9621**  
Zip: 24 Country: 25 Zip: 29 Country: 30

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and corporation. (IN FL, Registered Agent Signature required when registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHIAVETTI, ALFRED J.</b>	12 NAME	
STREET ADDRESS	<b>499 THORNALL STREET</b>	13 STREET ADDRESS	
CITY-ST-ZIP	<b>EDISON NJ</b>	14 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<b>S</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SPERGER, JOHN</b>	22 NAME	
STREET ADDRESS	<b>499 THORNALL ST</b>	23 STREET ADDRESS	
CITY-ST-ZIP	<b>EDISON NJ</b>	24 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<b>DVP</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SIWULEC, ANDREW P.</b>	32 NAME	
STREET ADDRESS	<b>499 THORNALL ST.</b>	33 STREET ADDRESS	
CITY-ST-ZIP	<b>EDISON NJ</b>	34 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<b>T</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>EBBERT, DONALD W.</b>	42 NAME	
STREET ADDRESS	<b>499 THORNALL ST.</b>	43 STREET ADDRESS	
CITY-ST-ZIP	<b>EDISON NJ</b>	44 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<b>AS</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BURGWINKLE, MARY E</b>	52 NAME	
STREET ADDRESS	<b>499 THORNALL ST.</b>	53 STREET ADDRESS	
CITY-ST-ZIP	<b>EDISON NJ</b>	54 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<b>VP</b>	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHERER, BRADLEY A.</b>	62 NAME	
STREET ADDRESS	<b>1601 BELVEDERE RD, 1103</b>	63 STREET ADDRESS	
CITY-ST-ZIP	<b>W. PALM BCH. FL</b>	64 CITY-ST-ZIP	

**SEE ATTACHED**

**800001779858**  
**-04/15/96--01037--009**  
**\*\*\*200.00**

*Handwritten initials and date: J 4-14*

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 or attached, or in an attachment with an address.

SIGNATURE: *Robert J. Buckley* 4/8/96 2033574544  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)

2-2

4/4/96

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C. S. Tompkins Corp.  
65-0227838

Name	Title	Business Address
David B. Henry	Director	260 Long Ridge Road Stamford CT 06927
Michael D. Frazier	Director	260 Long Ridge Road Stamford CT 06927
Robert E. Pfeiffer	Director	260 Long Ridge Road Stamford CT 06927
Michael D. Frazier	President	260 Long Ridge Road Stamford CT 06927
David B. Henry	Vice President	260 Long Ridge Road Stamford CT 06927
D. R. Martindale	Vice President	260 Long Ridge Road Stamford CT 06927
Robert E. Pfeiffer	Vice President	260 Long Ridge Road Stamford CT 06927
David B. Henry	Secretary	260 Long Ridge Road Stamford CT 06927
Patricia A. Deluca	Assistant Secretary	260 Long Ridge Road Stamford CT 06927
Joan C. Amble	Treasurer	777 Long Ridge Road Stamford CT 06927
Robert J. Buckley	Vice President	777 Long Ridge Road Stamford CT 06927
Gary I. Schuman	Assistant Treasurer	777 Long Ridge Road Stamford CT 06927