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May 06 1997 8:00am  
Secretary of State

PROFIT CORPORATION  
ANNUAL REPORT  
1997



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

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



Principal Place of Business  
**260 LONG RIDGE ROAD  
STAMFORD CT 06927  
US**

Mailing Address  
**DEPT. 6109  
260 LONG RIDGE RD.  
STAMFORD CT 06927-1600**

3. Date Incorporated or Qualified **09/25/1990** 3a. Date of Last Report **04/14/1996**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number <b>65-0227838</b>	Applied For <input type="checkbox"/> Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
23. Zip	28. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24. Country	29. Country		

9. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>	10. Name and Address of New Registered Agent
81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	85. Zip Code <b>FL</b>

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 title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SCHIAVETTI, ALFRED J.</b>	1.2 NAME	<b>Asst Treas - TAX</b>
STREET ADDRESS	<b>499 THORNALL STREET</b>	1.3 STREET ADDRESS	<b>GARY J. Schulman</b>
CITY-ST-ZIP	<b>EDISON NJ</b>	1.4 CITY-ST-ZIP	<b>260 Long Ridge Rd</b>
TITLE	<b>S</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>Stamford, CT 06927</b>
NAME	<b>SPERGER, JOHN</b>	2.2 NAME	
STREET ADDRESS	<b>499 THORNALL ST</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>EDISON NJ</b>	2.4 CITY-ST-ZIP	
TITLE	<b>DVP</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SMULEC, ANDREW P.</b>	3.2 NAME	
STREET ADDRESS	<b>499 THORNALL ST.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>EDISON NJ</b>	3.4 CITY-ST-ZIP	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>EBBERT, DONALD W.</b>	4.2 NAME	
STREET ADDRESS	<b>499 THORNALL ST.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>EDISON NJ</b>	4.4 CITY-ST-ZIP	
TITLE	<b>AS</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BURGWINKLE, MARY E</b>	5.2 NAME	
STREET ADDRESS	<b>499 THORNALL ST.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>EDISON NJ</b>	5.4 CITY-ST-ZIP	
TITLE	<b>VP</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHERER, BRADLEY A.</b>	6.2 NAME	
STREET ADDRESS	<b>1601 BELVEDERE RD, 1103</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>W. PALM BCH. FL</b>	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: *Gary J. Schulman* **GARY J. SCHULMAN** 4-27-97 203-351-4844  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)