

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

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90017 004 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # S02008

1. Corporation Name
C.S. TOWNHOME CORP.



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

Mailing Address
 DEPT. 8109
 260 LONG RIDGE RD.
 STAMFORD CT 06927-9621

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/25/1990

4. FEI Number
65-0227838

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 owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip Country
 24

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip Country
 29 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 title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	SCHIAVETTI, ALFRED J.	
STREET ADDRESS	499 THORNALL STREET	
CITY-ST-ZIP	EDISON NJ	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SPERGER, JOHN	
STREET ADDRESS	499 THORNALL ST	
CITY-ST-ZIP	EDISON NJ	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	SIWULEC, ANDREW P.	
STREET ADDRESS	499 THORNALL ST.	
CITY-ST-ZIP	EDISON NJ	
TITLE	T	<input type="checkbox"/> DELETE
NAME	EBBERT, DONALD W.	
STREET ADDRESS	499 THORNALL ST.	
CITY-ST-ZIP	EDISON NJ	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	BURGWINKLE, MARY E	
STREET ADDRESS	499 THORNALL ST.	
CITY-ST-ZIP	EDISON NJ	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	SCHERER, BRADLEY A.	
STREET ADDRESS	1601 BELVEDERE RD, 1103	
CITY-ST-ZIP	W. PALM BCH. FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Asst Treas Tax	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	John Amato	
1.3 STREET ADDRESS	260 Long Ridge Rd	
1.4 CITY-ST-ZIP	Stamford CT 06927	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
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		<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 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: John Amato 4.28.99 Date
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # **203-357-4544**

CR2E034 (11/98)