

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY -1 PM 2:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name CMK Disposition Corp.	DOCUMENT # 524591
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Mailing Address c/o Crompton & Knowles Corp. One Station Place, Metro Center Stamford, CT 06902	Principal Place of Business 5414 N. 56 Street P.O. Box 1096 Tampa, FL 33610-2001
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If above addresses are incorrect in any way, line through incorrect information and enter correction below

2. Mailing Address 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Principal Place of Business 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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DO NOT WRITE IN THIS SPACE	
3. Date Incorporated or Qualified 01/27/1977	3a. Date of Last Report 4/27/94
4. FEI Number 590614068	Applied For Not Applicable
5. Certificate of Status Desired \$8.75	6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit Exempt from \$138.75 Supplemental Fee	8. This corporation has liability for intangible tax under S 199.032, Florida Statutes

9. Name and Address of Current Registered Agent Carlton, Fields, Ward, Emanuel, Smith & c/o Henke, Donald E. 777 S. Harbour Island Blvd. Tampa, FL 33602	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
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Registered Agent Accepting Appointment NOTE: Registered Agent signature required when renewing.

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY - ST - ZIP	P/C Calarco, Vincent A. One Station Place Metro Center Stamford, CT 06902	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY - ST - ZIP	100001483221 -05/10/95--01106--015 ****200.00 ****200.00
21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY - ST - ZIP	S Krumelch, Elizabeth One Station Place Metro Center Stamford, CT 06902	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY - ST - ZIP	
31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY - ST - ZIP	V Harsden, Charles J. One Station Place Metro Center Stamford, CT 06902	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY - ST - ZIP	
41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY - ST - ZIP	T Barna, Peter One Station Place Metro Center Stamford, CT 06902	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY - ST - ZIP	
51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY - ST - ZIP	A/T Marchitello, Robert A. One Station Place Metro Center Stamford, CT 06902	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY - ST - ZIP	
61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY - ST - ZIP		61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY - ST - ZIP	

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 release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this initial 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 have complied with all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Section 607 or Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE. *[Signature]* **Treasurer** 4/28/95 (203) 353-5400
SIGNATURE AND TYPED OR PRINTED NAME OF BUSINESS OFFICER OR DIRECTOR