

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

**FILED**  
**Aug 16, 1999 8:00 am**  
**Secretary of State**

08-16-1999 90005 046 \*\*\*550.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> 1. Corporation Name  CARILLON IMPORTERS, LTD.			
Principal Place of Business  SIX LANDMARK SQUARE STAMFORD, CT 06901		Mailing Address  SIX LANDMARK SQUARE STAMFORD, CT 06901	
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 21 SIX LANDMARK SQUARE Suite, Apt. #, etc. 22 City & State 23 STAMFORD, CT Zip Country 24 06901 25 USA		2a. Mailing Address 26 SIX LANDMARK SQUARE Suite, Apt. #, etc. 27 City & State 28 STAMFORD, CT Zip Country 29 06901 30 USA	
3. Date Incorporated or Qualified 7/10/1969		4. FEI Number 13-1576042	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable	
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  CT CORPORATION SYSTEM 1200 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	PRESIDENT CHARLES A. PHILIPS SIX LANDMARK SQUARE STAMFORD, CT 06901 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	SR. VICE PRES/SECRETARY L. KEITH WIMBUSH SIX LANDMARK SQUARE STAMFORD, CT 06901 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	TREASURER WILLIAM F. URICH SIX LANDMARK SQUARE STAMFORD, CT 06901 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	DIRECTOR CHARLES A. PHILIPS SIX LANDMARK SQUARE STAMFORD, CT 06901 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	DIRECTOR LINDA HOWARD-SORRELL SIX LANDMARK SQUARE STAMFORD, CT 06901 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	DIRECTOR L. KEITH WIMBUSH SIX LANDMARK SQUARE STAMFORD, CT 06901 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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 any attachment with an address, with all other like empowered.

**SIGNATURE:**

*L. Keith Wimbush*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SECRETARY

8/6/99

Date

Daytime Phone #