

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra E. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **841624** (0)  
1. Corporation Name  
**DEVON PROPERTIES, INC.**



Principal Place of Business: **411 WEST PUTNAM AVE. % CONCURRENCY MGMT CORP. GREENWICH CT 06830**  
Mailing Address: **411 WEST PUTNAM AVE. % CONCURRENCY MGMT CORP. GREENWICH CT 06830**

2. Principal Place of Business (21-24) and 2a. Mailing Address (26-30) fields for Suite, Apt. #, etc., City & State, Zip, and Country.

3. Date Incorporated or Qualified: **10/13/1978**  
3a. Date of Last Report: **09/26/1995**  
4. FEI Number: **13-2954690**  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent (81-85)  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code **FL**

11. Pursuant to the provisions of Sections 607.0602 and 607.1506, 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 607.0605, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1996	
TITLE	DV	1. TITLE	Assistant Secretary
NAME	HOLTZ, ROBERT	2. NAME	Arthur Armon
STREET ADDRESS	411 WEST PUTNAM AVE.	3. STREET ADDRESS	411 West Putnam Ave.
CITY-STATE-ZIP	GREENWICH CT 06830	4. CITY-STATE-ZIP	Greenwich CT 06830
TITLE	DV	2. TITLE	Assistant Secretary
NAME	PLAUMANN, MARK	2. NAME	Guy Sansone
STREET ADDRESS	411 WEST PUTNAM AVE.	2.3 STREET ADDRESS	411 West Putnam Ave.
CITY-STATE-ZIP	GREENWICH CT 06830	2.4 CITY-STATE-ZIP	Greenwich CT 06830
TITLE	P	3. TITLE	
NAME	GOVEIA, FRANK	3.2 NAME	
STREET ADDRESS	411 WEST PUTNAM AVE.	3.3 STREET ADDRESS	
CITY-STATE-ZIP	GREENWICH CT 06830	3.4 CITY-STATE-ZIP	
TITLE	VST	4. TITLE	
NAME	MAYMUDES, JAY	4.2 NAME	
STREET ADDRESS	411 WEST PUTNAM AVE.	4.3 STREET ADDRESS	
CITY-STATE-ZIP	GREENWICH CT 06830	4.4 CITY-STATE-ZIP	
TITLE	V	5. TITLE	
NAME	AMRON, ARTHUR	5.2 NAME	
STREET ADDRESS	411 WEST PUTNAM AVE.	5.3 STREET ADDRESS	
CITY-STATE-ZIP	GREENWICH CT 06830	5.4 CITY-STATE-ZIP	
TITLE		6. TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

Change  Addition

Change  Addition

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Change  Addition

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 if changed, or on an attachment with an address.

SIGNATURE: *Jay Maymudes* **Jay Maymudes** 3/1/96 (203) 862-7000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (1) Date of Filing

CR2E034 (12/95)