FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 19 AM 2:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 841665 (3)

1. Corporation Name
HERBERT S. NEWMAN & PARTNERS, PROFESSIONAL CORPO RATION

Principal Place of Business	Mailing Address
300 YORK STREET NEW HAVEN CT 06511	300 YORK STREET NEW HAVEN CT 06511

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
10/20/1978	03/28/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

4. FEI Number: 06-0901699 ☐ Applied For ☐ Not Applicable

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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BELL, OWEN 301 DANIA BEACH BOULEVARD DANIA, FL. K 33004	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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	☐ Change ☐ Addition
NAME	NEWMAN, HERBERT S.	1.2 NAME	
STREET ADDRESS	12 ROUND HILL LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	WOODBRIDGE CT	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	☐ Change ☐ Addition
NAME	COSHAM, DON	2.2 NAME	
STREET ADDRESS	53 OAK AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MADISON CT	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	☐ Change ☐ Addition
NAME	NEWMAN, EDNA L.	3.2 NAME	
STREET ADDRESS	12 ROUND HILL LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	WOODBRIDGE CT	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	☐ Change ☐ Addition
NAME	SCHIFFER, JOSEPH C.	4.2 NAME	
STREET ADDRESS	52 RIVERVIEW AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	BRANFORD CT	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	☐ Change ☐ Addition
NAME	GODSHALL, ROBERT	5.2 NAME	
STREET ADDRESS	238 ALDEN AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	NEW HAVEN CT	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	NEWMAN, NOEL	6.2 NAME	
STREET ADDRESS	1 ELLIOT PLACE	6.3 STREET ADDRESS	
CITY-ST-ZIP	FAIRFIELD CT	6.4 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)(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: _____ 4/5/95 (203) 772-1990
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Herbert S. Newman

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