

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 841836 (0)

1. Corporation Name

SAVIN CORPORATION

Principal Place of Business

333 LUDLOW ST.
8 WEST BROAD STREET
P.O. BOX 10270
STAMFORD CT 06902
US

Mailing Address

333 LUDLOW ST
P.O. BOX 10270
STAMFORD CT 06902-2270
US



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

3. Date Incorporated or Qualified

11/14/1978

3a. Date of Last Report

05/01/1995

4. FEI Number

13-2949772

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

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, re: typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE C
NAME HISAD YUASA
STREET ADDRESS 333 LUDLOW ST
CITY-ST-ZIP STAMFORD CT

☐ DELETE

TITLE D
NAME ETSUI KOBAYASHO
STREET ADDRESS 333 LUDLOW ST
CITY-ST-ZIP STAMFORD CT

☐ DELETE

TITLE P
NAME JAMES W. IVY
STREET ADDRESS 333 LUDLOW ST
CITY-ST-ZIP STAMFORD CT

☐ DELETE

TITLE VPTC
NAME SALIERNO, THOMAS L JR
STREET ADDRESS 333 LUDLOW ST
CITY-ST-ZIP STAMFORD CT

☐ DELETE

TITLE VPM
NAME BREITEN, JOHN
STREET ADDRESS 333 LUDLOW ST
CITY-ST-ZIP STAMFORD CT

☐ DELETE

TITLE S
NAME RUSSELL GOUGH
STREET ADDRESS 333 LUDLOW ST
CITY-ST-ZIP STAMFORD CT

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

4/10/96 (203) 967-5528

CR2E034 (12/95)