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 # **846188** **(1)**

1. Corporation Name

GTER INCORPORATED

Principal Place of Business	Mailing Address
ONE STAMFORD FORUM STAMFORD CT 06901	ONE STAMFORD FORUM STAMFORD CT 06901

3. Date Incorporated or Qualified: **06/10/1980**

3a. Date of Last Report: **04/19/1995**

2. Principal Place of Business — 21

2a. Mailing Address — 26

4. FEI Number: **06-1036338** ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc — 22

Suite, Apt. #, etc. — 27

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State — 23

City & State — 28

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip — 24: 06904 — Country — 25

Zip — 29: 06904 — Country — 30

8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

PRENTICE-HALL CORPORATION SYSTEM, INC.
110 NORTH MAGNOLIA STREET
TALLAHASSEE FL 32301

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 _____ DATE

Signature, typed or printed name of registered agent, if applicable — (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	KULPINSKI, RONALD W		1.2 NAME		
STREET ADDRESS	ONE STAMFORD FORUM		1.3 STREET ADDRESS		
CITY-ST-ZIP	STAMFORD CT		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	GALLOGLY, VINCENT		2.2 NAME		
STREET ADDRESS	1 STANFORD FORUM		2.3 STREET ADDRESS		
CITY-ST-ZIP	STAMFORD CT		2.4 CITY-ST-ZIP		
TITLE	TD	☑ DELETE	3.1 TITLE	TD	☐ Change ☑ Addition
NAME	MURRHY, JAMES		3.2 NAME	Cohrs, Dan J	
STREET ADDRESS	ONE STAMFORD FORUM		3.3 STREET ADDRESS	One Stamford Forum	
CITY-ST-ZIP	STAMFORD CT		3.4 CITY-ST-ZIP	Stamford, CT 06904	
TITLE	S	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	DROST, MARIANNE		4.2 NAME		
STREET ADDRESS	ONE STAMFORD FORUM		4.3 STREET ADDRESS		
CITY-ST-ZIP	STAMFORD CT		4.4 CITY-ST-ZIP		
TITLE	AT	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	DEUR, JAN		5.2 NAME		
STREET ADDRESS	ONE STAMFORD FORUM		5.3 STREET ADDRESS		
CITY-ST-ZIP	STAMFORD CT		5.4 CITY-ST-ZIP		
TITLE	AS	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	TUCCILLO, RONALD J		6.2 NAME		
STREET ADDRESS	ONE STAMFORD FORUM		6.3 STREET ADDRESS		
CITY-ST-ZIP	STAMFORD CT		6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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: Ronald J. Tuccillo — Ronald J. Tuccillo — 4/12/96 — (203) 965-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #