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Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

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 06904 US	ONE STAMFORD FORUM STAMFORD CT 06901-3516 US

3. Date Incorporated or Qualified: **06/10/1980**
3a. Date of Last Report: **04/18/1996**

2. Principal Place of Business (21):
2a. Mailing Address (26):
Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):
City & State (23):
City & State (28):
Zip (24):
Country (25):
Zip (29): 06904
Country (30):

4. FEI Number: **06-1036338** ☐ 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

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 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	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	V/D	☐ Change ☒ Addition
NAME	GALLOGLY, VINCENT		2.2 NAME	Judith L. Harris	
STREET ADDRESS	1 STANFORD FORUM		2.3 STREET ADDRESS	One Stamford Forum	
CITY-ST-ZIP	STAMFORD CT		2.4 CITY-ST-ZIP	Stamford, CT 06904	
TITLE	TD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	COHRS, DAN J		3.2 NAME		
STREET ADDRESS	ONE STAMFORD FORUM		3.3 STREET ADDRESS		
CITY-ST-ZIP	STAMFORD CT		3.4 CITY-ST-ZIP		
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 (9/96)

14. I do 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 an attachment with an address.

SIGNATURE: [signature] **REQUIRED** Ronald W. Kulpinski 4/15/97 (203) 965-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #