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 MAR -1 PM 2:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 849146 (6)

1. Corporation Name
RAYLAND COMPANY, INC.

Principal Place of Business	Mailing Address
TAX DEPARTMENT 1177 SUMMER ST. STAMFORD CT 06905	TAX DEPARTMENT 1177 SUMMER ST. STAMFORD CT 06905

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/15/1981
3a. Date of Last Report: 03/02/1994

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip: 24 06905-5529 Country: 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip: 29 06905-5529 Country: 30

4. FEI Number: 06-1045464 ☐ 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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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	D	1.1 TITLE	P, P ☐ Change ☐ Addition
NAME	GROSS, RONALD M.	1.2 NAME	ERICKSEN, WILLIAM D.
STREET ADDRESS	925 WESTOVER RD.	1.3 STREET ADDRESS	4 NORTH 2ND STREET
CITY-ST-ZIP	STAMFORD CT	1.4 CITY-ST-ZIP	FERNANDINA BEACH, FL 32034
TITLE	PD	2.1 TITLE	D ☐ Change ☐ Addition
NAME	BERRY, WILLIAM	2.2 NAME	
STREET ADDRESS	52 MARSH ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	EASTON CT	2.4 CITY-ST-ZIP	06612
TITLE	S	3.1 TITLE	☐ Change ☐ Addition
NAME	CANNING, JOHN B.	3.2 NAME	
STREET ADDRESS	9 MORTAR ROCK RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	WESTPORT CT	3.4 CITY-ST-ZIP	06880
TITLE	T	4.1 TITLE	☐ Change ☐ Addition
NAME	AUGUSTE, MACDONALD	4.2 NAME	
STREET ADDRESS	1307 OLD COUNTRY RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	ELMSFORD NY	4.4 CITY-ST-ZIP	10523
TITLE	VD	5.1 TITLE	AS ☐ Change ☐ Addition
NAME	TOMASSETTI, ARMOND	5.2 NAME	BERGER, MARY J.
STREET ADDRESS	MANUCY RD., RT 3 BX 239D	5.3 STREET ADDRESS	31 SOUTH 4TH STREET.
CITY-ST-ZIP	FERNANDINA BCH. FL	5.4 CITY-ST-ZIP	FERNANDINA BEACH, FL 32034
TITLE	AS	6.1 TITLE	☐ Change ☐ Addition
NAME	SHROADS, JAMES	6.2 NAME	
STREET ADDRESS	119 S. 7TH STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	FERNANDINA FL	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: Ronald M Gross 2/24/95 203-348-7000
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR — DATE — Daytime Phone #

0000001 CP