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Mar 24 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 849146

(6)

1. Corporation Name
RAYLAND COMPANY, INC.



Principal Place of Business
TAX DEPARTMENT
1177 SUMMER ST.
STAMFORD CT 06905-5529
US

Mailing Address
TAX DEPARTMENT
1177 SUMMER ST.
STAMFORD CT 06905-5522
US

3. Date Incorporated or Qualified 05/15/1981 3a. Date of Last Report 05/01/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number 06-1045464 Applied For Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

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

22 City & State

27 City & State

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

23 Zip Country

28 Zip Country

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

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ERICKSEN, WILLIAM O	1.2 NAME	ERICKSEN, WILLIAM O
STREET ADDRESS	4 NORTH 2ND STREET	1.3 STREET ADDRESS	
CITY-STATE-ZIP	FERNANDINA BEACH FL	1.4 CITY-STATE-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERRY, WILLIAM	2.2 NAME	
STREET ADDRESS	52 MARSH ROAD	2.3 STREET ADDRESS	
CITY-STATE-ZIP	EASTON CT	2.4 CITY-STATE-ZIP	
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CANNING, JOHN B.	3.2 NAME	
STREET ADDRESS	9 MORTAR ROCK RD.	3.3 STREET ADDRESS	
CITY-STATE-ZIP	WESTPORT CT	3.4 CITY-STATE-ZIP	
TITLE	T	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AUGUSTE, MACDONALD	4.2 NAME	
STREET ADDRESS	1307 OLD COUNTRY RD.	4.3 STREET ADDRESS	230 MOORE STREET
CITY-STATE-ZIP	ELMSFORD NY	4.4 CITY-STATE-ZIP	HARTSDALE NY 10530
TITLE	AS	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERGER, MARY J	5.2 NAME	
STREET ADDRESS	31 SOUTH 4TH STREET	5.3 STREET ADDRESS	
CITY-STATE-ZIP	FERNANDINA BCH. FL	5.4 CITY-STATE-ZIP	
TITLE	AS	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHROADS, JAMES	6.2 NAME	
STREET ADDRESS	119 S. 7TH STREET	6.3 STREET ADDRESS	
CITY-STATE-ZIP	FERNANDINA FL	6.4 CITY-STATE-ZIP	

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 contained on this annual report or supplementary 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: *Macdonald Auguste* MACDONALD AUGUSTE 3/12/97 203-348-7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)