

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90293 008 ***900.00

DOCUMENT # 849146

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 06905-5529
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/15/1981

4. FEI Number

06-1045464

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE
NAME ERICKSEN, WILLIAM D.
STREET ADDRESS 4 NORTH 2ND STREET
CITY-ST-ZIP FERNANDINA BEACH FL 32035

TITLE D ☐ DELETE
NAME BERRY, WILLIAM
STREET ADDRESS 52 MARSH ROAD
CITY-ST-ZIP EASTON CT

TITLE S ☐ DELETE
NAME CANNING, JOHN B.
STREET ADDRESS 9 MORTAR ROCK RD.
CITY-ST-ZIP WESTPORT CT

TITLE T ☐ DELETE
NAME AUGUSTE, MACDONALD
STREET ADDRESS 230 MOORE ST.
CITY-ST-ZIP HARTSDALE NY

TITLE AS ☐ DELETE
NAME BERGER, MARY J
STREET ADDRESS 31 SOUTH 4TH STREET
CITY-ST-ZIP FERNANDINA BCH. FL

TITLE AS ☒ DELETE
NAME SHROADS, JAMES
STREET ADDRESS 119 S. 7TH STREET
CITY-ST-ZIP FERNANDINA FL

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-99

Date

203 348-7000

Daytime Phone #

CR2E034 (11/98)