

**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 # **850165** (2)

1. Corporation Name  
**G.R. PHELPS & CO., INC.**



Principal Place of Business Mailing Address  
**140 GARDEN STREET, MS 243 HARTFORD CT 06154** **140 GARDEN STREET, MS 243 HARTFORD CT 06154**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>08/27/1981</b>	3a. Date of Last Report <b>02/03/1995</b>
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>06-0966528</b>	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24	Country	29	Country	8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
<b>C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION FL 33324</b>				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				85	Zip Code
				<b>FL</b>	

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 re-registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>POND, DONALD H. JR.</b>	1.2 NAME	<b>Dranginis, Frank</b>
STREET ADDRESS	<b>15 WINDMILL RD.</b>	1.3 STREET ADDRESS	<b>Country Club Road</b>
CITY-STATE-ZIP	<b>ENFIELD CT</b>	1.4 CITY-STATE-ZIP	<b>West Simsbury, CT 06092</b>
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MARCUCCILLI, J. BRINKE</b>	2.2 NAME	
STREET ADDRESS	<b>43 LORD DAVIS DR.</b>	2.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>AVON CT</b>	2.4 CITY-STATE-ZIP	
TITLE	CD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SAMS, DAVID E. J</b>	3.2 NAME	
STREET ADDRESS	<b>40 PRATTLING POND RD.</b>	3.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>FARMINGTON CT</b>	3.4 CITY-STATE-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ANTOS, PETER</b>	4.2 NAME	
STREET ADDRESS	<b>36 BURNT HILL DR.</b>	4.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>FARMINGTON CT</b>	4.4 CITY-STATE-ZIP	
TITLE	S <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LOMELI, ANN</b>	5.2 NAME	
STREET ADDRESS	<b>68 OUTLOOK AVE.</b>	5.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>WEST HARTFORD CT</b>	5.4 CITY-STATE-ZIP	
TITLE	T <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BRUNO, EMELIA M.</b>	6.2 NAME	
STREET ADDRESS	<b>11 PLYMOUTH RD.</b>	6.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>WEST HARTFORD CT</b>	6.4 CITY-STATE-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)(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: *Emelia M. Bruno* **Emelia M. Bruno, Treasurer** (203)987-2177  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)