

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

140 GARDEN STREET, MS 243
HARTFORD CT 06154

Mailing Address

140 GARDEN STREET, MS 243
HARTFORD CT 06154



3. Date Incorporated or Qualified

08/27/1981

3a. Date of Last Report

02/03/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

06-0966528

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24

29

30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
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

Signature typed or printed name of registered agent and the if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
POND, DONALD H. JR.
STREET ADDRESS
15 WINDMILL RD.
CITY-STATE-ZIP
ENFIELD CT

TITLE ☐ DELETE

NAME
MARCUCCELLI, J. BRINKE
STREET ADDRESS
43 LORD DAVIS DR.
CITY-STATE-ZIP
AVON CT

TITLE ☐ DELETE

NAME
SAMS, DAVID E. J
STREET ADDRESS
40 PRATTLING POND RD.
CITY-STATE-ZIP
FARMINGTON CT

TITLE ☐ DELETE

NAME
VP
ANTOS, PETER
STREET ADDRESS
36 BURNT HILL DR.
CITY-STATE-ZIP
FARMINGTON CT

TITLE ☐ DELETE

NAME
LOMELI, ANN
STREET ADDRESS
68 OUTLOOK AVE.
CITY-STATE-ZIP
WEST HARTFORD CT

TITLE ☐ DELETE

NAME
BRUNO, EMELIA M.
STREET ADDRESS
11 PLYMOUTH RD.
CITY-STATE-ZIP
WEST HARTFORD CT

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP
Dranginis, Frank
Country Club Road
West Simsbury, CT 06092

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(203)987-2177

Daytime Phone #

CR2E034 (12/95)