
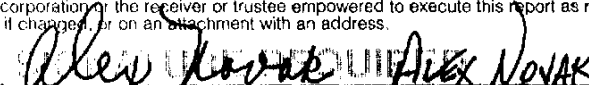


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 16 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 # 851293 (1) | | | |
| 1. Corporation Name RPI CORP. | | | |
| Principal Place of Business 80 MAIN STREET BRIDGEPORT CT 06604-5706 | | Mailing Address 80 MAIN STREET BRIDGEPORT CT 06604-5772 | |
| 2. Principal Place of Business BOX 21 RAILROAD AVE, P.O. 142 Suite, Apt. #, etc. | | 2a. Mailing Address RAILROAD AVE, P.O. BOX 142 Suite, Apt. #, etc. | |
| 22 City & State 23 BEACON FALLS, CT | | 27 City & State 28 BEACON FALLS, CT | |
| 24 Zip 06403 | | 29 Zip 06403 | |
| 25 Country USA | | 30 Country USA | |
| 9. Name and Address of Current Registered Agent UNITED STATES CORPORATION COMPANY 1201 HAYES ST. STE 105 TALLAHASSEE FL 32301 | | 10. Name and Address of New Registered Agent | |
| | | 81 Name | |
| | | 82 Street Address (P.O. Box Number is Not Acceptable) | |
| | | 83 | |
| | | 84 City | |
| | | 85 Zip Code FL | |
| 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 | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| 1.1 TITLE NAME STREET ADDRESS CITY - ST - ZIP C LIPSON, ALLEN S. 35 BROOKWOOD DRIVE WOODBIDGE CT | | 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP | |
| 2.1 TITLE NAME STREET ADDRESS CITY - ST - ZIP S EMIL, ARTHUR D. 240 CENTRE ST, APT. 3N, NEW YORK NY | | 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP | |
| 3.1 TITLE NAME STREET ADDRESS CITY - ST - ZIP P KIAM, VICTOR K 119 WIRE MILL RD STAMFORD CT | | 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP P KIAM II, VICTOR K. 11097 ISLEBROOK COURT PALM BEACH, FL 33414 | |
| 4.1 TITLE NAME STREET ADDRESS CITY - ST - ZIP V KIAM III, VICTOR K. 14 EAST 75TH STREET NEW YORK NY | | 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP | |
| 5.1 TITLE NAME STREET ADDRESS CITY - ST - ZIP T NOVAK, ALEX 140 GREEN HILL ROAD MIDDLEBURY CT | | 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP | |
| 6.1 TITLE NAME STREET ADDRESS CITY - ST - ZIP | | 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - 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 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:  ALEX NOVAK | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | |



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4/8/97 203-723-6667 x27