

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAY -1 AM 9:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **851583** (5)

1. Corporation Name  
**NEW HERMES, INCORPORATED**

Principal Place of Business Mailing Address  
**535 CONNECTICUT AVE.  
NORWALK CT 06854** **535 CONNECTICUT AVE.  
NORWALK CT 06854**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **01/13/1982** 3a. Date of Last Report **04/27/1994**

4. FEI Number **38-2100984** Applied For  Not Applicable

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

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

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

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 City & State 28 City & State  
24 Zip 25 Country 29 Zip 30 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 \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12-1 TITLE	PTD	13-1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12-2 NAME	ESTES, JON	13-2 NAME	
12-3 STREET ADDRESS	COLLINGWOOD ROAD	13-3 STREET ADDRESS	
12-4 CITY, ST, ZIP	FAIRFIELD CT	13-4 CITY, ST, ZIP	
12-5 TITLE	VD	13-5 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12-6 NAME	BERNSTEIN, JAMES	13-6 NAME	
12-7 STREET ADDRESS	6 NORTH PASTURE ROAD	13-7 STREET ADDRESS	
12-8 CITY, ST, ZIP	WESTPORT CT	13-8 CITY, ST, ZIP	
12-9 TITLE	S	13-9 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12-10 NAME	CHIN, KENNETH	13-10 NAME	
12-11 STREET ADDRESS	OLD HOLLOW ROAD	13-11 STREET ADDRESS	
12-12 CITY, ST, ZIP	TRUMBULL CT	13-12 CITY, ST, ZIP	
12-13 TITLE	CD	13-13 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12-14 NAME	JULLIEN, YVES	13-14 NAME	
12-15 STREET ADDRESS	535 CONNECTICUT AVENUE	13-15 STREET ADDRESS	
12-16 CITY, ST, ZIP	NORWALK CT	13-16 CITY, ST, ZIP	
12-17 TITLE	D	13-17 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12-18 NAME	SCHMITT, VICTOR	13-18 NAME	
12-19 STREET ADDRESS	535 CONNECTICUT AVENUE	13-19 STREET ADDRESS	
12-20 CITY, ST, ZIP	NORWALK CT	13-20 CITY, ST, ZIP	
12-21 TITLE	D	13-21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12-22 NAME	DEVILLEMEJANE, BERNARD	13-22 NAME	
12-23 STREET ADDRESS	535 CONNECTICUT AVE	13-23 STREET ADDRESS	
12-24 CITY, ST, ZIP	NORWALK CT	13-24 CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.02(3)(b), 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 190, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *James Bernstein* James Bernstein  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/28/95* (203) 852-7000  
Date Expires Please Print