

**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 # **851583** (5)

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



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

3. Date incorporated or Qualified: **01/13/1982**  
3a. Date of Last Report: **05/01/1995**

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

4. FEI Number: **38-2100984**  
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

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 (83) (84) City (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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD ESTES, JON <input type="checkbox"/> DELETE	1.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ESTES, JON	1.2 NAME	Albert Tourno
STREET ADDRESS	COLLINGWOOD ROAD	1.3 STREET ADDRESS	535 Connecticut Avenue
CITY-ST-ZIP	FAIRFIELD CT	1.4 CITY-ST-ZIP	Norwalk, CT 06854
TITLE	VD BERNSTEIN, JAMES <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERNSTEIN, JAMES	2.2 NAME	
STREET ADDRESS	6 NORTH PASTURE ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	WESTPORT CT	2.4 CITY-ST-ZIP	
TITLE	S CHIN, KENNETH <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHIN, KENNETH	3.2 NAME	
STREET ADDRESS	OLD HOLLOW ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	TRUMBULL CT	3.4 CITY-ST-ZIP	
TITLE	CD JULLIEN, YVES <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JULLIEN, YVES	4.2 NAME	
STREET ADDRESS	535 CONNECTICUT AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	NORWALK CT	4.4 CITY-ST-ZIP	
TITLE	D SCHMITT, VICTOR <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHMITT, VICTOR	5.2 NAME	
STREET ADDRESS	535 CONNECTICUT AVENUE	5.3 STREET ADDRESS	
CITY-ST-ZIP	NORWALK CT	5.4 CITY-ST-ZIP	
TITLE	D DEVILLEMEJANE, BERNARD <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEVILLEMEJANE, BERNARD	6.2 NAME	
STREET ADDRESS	535 CONNECTICUT AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	NORWALK CT	6.4 CITY-ST-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: Jon C. Estes - Jon C. Estes 4-30-96 (203) 852-7000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day and Phone #

CR2E034 (12/95)