

**FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP
ANNUAL REPORT
1999



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 DEC 28 PM 12:35

1. Name of Limited Partnership

1a. DOCUMENT #

A30531

PREFCO V LIMITED PARTNERSHIP OF
CONNECTICUT

Mailing Address

C/O PBCC
27 WATERVIEW DR.
SHELTON CT 06484

Principal Office Address

C/O PBCC
27 WATERVIEW DR.
SHELTON CT 06484

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

3. Date Formed or Registered

08/28/1990

3a. Date of Last Report

12/97

4. State or Country of Formation

CT

6. FEI Number

06-1305148

7. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

5a. Capital Contributions as
Shown on record.

2,436,141

5b. Amount of Capital
Contributions in FLORIDA
to date:

2,436,141

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD
PLANTATION, FL 33334

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number (s) Not Acceptable)

200002743472--7

Suite, Apt. #, etc.

-01/15/99--01026--020

City

***526.25

Zip Code

***526.25

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, 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 its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

11b. City, State & Zip Code

11c. Registration/
Document Number

PREFCO V INC.

27 WATERVIEW DR.

SHELTON, CT 06484

P30722

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. 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 release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

G. Kirk Hudson

DATE

12/21/98

Typed or Printed Name of General Partner Signing Form

G. Kirk Hudson VP FINANCE

Daytime Telephone Number

(203) 922-4184

CR2E003 (8/98)