# FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

FILED
95 JAN 25 PM 2:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F92000000679 (2)

1. Corporation Name
CULLINAIRE, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| C/O FANFARE, INC.<br>191 MASON ST<br>GREENWICH CT 06830<br>US | C/O FANFARE, INC.<br>191 MASON ST<br>GREENWICH CT 06830<br>US |

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/15/1992
3a. Date of Last Report: 04/20/1994

2. Principal Place of Business c/o Fine Host Corp
21: 3 Greenwich Office Park
22: Suite, Apt. #, etc.:
23: City & State: Greenwich, CT
24: Zip: 06831
25: Country: USA

2a. Mailing Address
26: c/o Fine Host Corp.
27: Suite, Apt. #, etc.: 3 Greenwich Office Park
28: City & State: Greenwich, CT
29: Zip: 06831
30: Country: USA

4. FEI Number: 04-2902046 ☐ 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

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH 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 _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstated)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | PSTD | 1.1 TITLE | ☐ Change ☐ Addition |
| NAME | MOSES, GERALD B | 1.2 NAME | |
| STREET ADDRESS | 25 CASTLEMERE PLACE | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | N. ANDOVER MA | 1.4 CITY-ST-ZIP | |
| TITLE | VVCD | 2.1 TITLE | ☒ Change ☐ Addition |
| NAME | O'DONNELL, JOSEPH J | 2.2 NAME | Please delete J.J. O'Donnell. |
| STREET ADDRESS | 15 CLAIRMONT ROAD | 2.3 STREET ADDRESS | He is no longer an officer or |
| CITY-ST-ZIP | BELMONT MA 02178 | 2.4 CITY-ST-ZIP | director of Fanfare |
| TITLE | AS | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | SPECTOR, RANDY B. | 3.2 NAME | |
| STREET ADDRESS | 10 EAST END AVE, 9D | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | NY NY | 3.4 CITY-ST-ZIP | |
| TITLE | | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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)(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 added to the report.

SIGNATURE: Randy B. Spector RANDY B. Spector 1/19/95 203 629 4120
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

000384 FP