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CORPORATION ANNUAL REPORT 1995

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 25 PM 4:15

DOCUMENT # F93000000052 (1)

1. Corporation Name

WORLD WIDE FULFILLMENT AND DISTRIBUTION, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
30 STANFORD DRIVE FARMINGTON CT 06032 US	30 STANFORD DRIVE FARMINGTON CT 06032 US

3. Date Incorporated or Qualified: 12/30/1992
3a. Date of Last Report: 04/26/1994

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

4. FEI Number: 04-3123678 ☐ 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

MANCE, ROBERT D.
751 NW 33RD STREET, SUITE 100
POMPANO BEACH FL 33064

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 reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	VD ☐ Change ☑ Addition
NAME	BROWN, LARRY C	1.2 NAME	Wiseman, Kenneth R.
STREET ADDRESS	104 SUNNY REACH DRIVE	1.3 STREET ADDRESS	34 Cottage Grove Road
CITY-ST-ZIP	WEST HARTFORD CT 06117	1.4 CITY-ST-ZIP	Goshen, CT 06756
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	LYONS, JAMES F	2.2 NAME	
STREET ADDRESS	8 PINNACLE MOUNTAIN ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	SIMSBURY CT	2.4 CITY-ST-ZIP	
TITLE	CD	3.1 TITLE	CPD ☑ Change ☐ Addition
NAME	GRAY, HARRY J	3.2 NAME	Gray, Harry J.
STREET ADDRESS	11094 BEACH CLUB POINT, LOST TREE VILLAGE	3.3 STREET ADDRESS	11094 Beach Club Point, Lost Tree Village
CITY-ST-ZIP	NORTH PALM BEACH FL 33408	3.4 CITY-ST-ZIP	North Palm Beach, FL 33408
TITLE	DTS	4.1 TITLE	☐ Change ☐ Addition
NAME	KLENE, ROGER R	4.2 NAME	
STREET ADDRESS	32 HOPE VALLEY ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	AMSTON CT	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	HERTAN, WILLIAM	5.2 NAME	
STREET ADDRESS	2884 NE 26TH ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	5.4 CITY-ST-ZIP	
TITLE	VPGM	6.1 TITLE	☐ Change ☐ Addition
NAME	MANCE, ROBERT D.	6.2 NAME	
STREET ADDRESS	11099 N.W. 17TH MANOR	6.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL	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 on an attachment with an address.

SIGNATURE: Kenneth R. Wiseman Kenneth R. Wiseman 1-9-'95 203/676-1052
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0303719 FP