

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 # **F93000000052 (1)**

1. Corporation Name:

WORLD WIDE FULFILLMENT AND DISTRIBUTION, INC.



Principal Place of Business

Mailing Address

**30 STANFORD DRIVE
FARMINGTON CT 06032
US**

**30 STANFORD DRIVE
FARMINGTON CT 06032
US**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

12/30/1992

3a. Date of Last Report

01/26/1995

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

10. Name and Address of New Registered Agent

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

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

(Signature typed or printed next to registered agent and filed if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **VD** ☐ DELETE

NAME **WISEMAN, KENNETH R**
STREET ADDRESS **34 COTTAGE GROVE RD**
CITY-ST-ZIP **GOSHEN CT**

TITLE **D** ☒ DELETE

NAME **LYONS, JAMES F**
STREET ADDRESS **8 PINNACLE MOUNTAIN ROAD**
CITY-ST-ZIP **SIMSBURY CT**

TITLE **CPD** ☐ DELETE

NAME **GRAY, HARRY J**
STREET ADDRESS **11094 BEACH CLUB POINT, LOST TREE VILLAGE**
CITY-ST-ZIP **NORTH PALM BEACH FL**

TITLE **DTS** ☐ DELETE

NAME **KLENE, ROGER R**
STREET ADDRESS **32 HOPE VALLEY ROAD**
CITY-ST-ZIP **AMSTON CT**

TITLE **D** ☐ DELETE

NAME **HERTAN, WILLIAM**
STREET ADDRESS **2864 NE 26TH ST**
CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE **VPGM** ☐ DELETE

NAME **MANCE, ROBERT D.**
STREET ADDRESS **11099 N.W. 17TH MANOR**
CITY-ST-ZIP **CORAL SPRINGS FL**

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

VPGM

GEORGIANA R. HAIPER
137 SO. MOORE ST.
COPEL, TX 75019

☐ Change

☒ Addition

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

203-676-1052

CR2E034 (12/95)