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FILED

Jan 27 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

30 STANFORD DRIVE  
FARMINGTON CT 06032  
US

Mailing Address

30 STANFORD DRIVE  
FARMINGTON CT 06032-2453  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

12/30/1992

3a. Date of Last Report

02/09/1996

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME VPGM  
HARPES, GEORGIANA  
STREET ADDRESS 137 SOUTH MOORE STREET  
CITY-ST-ZIP COPPELL TX

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☒ DELETE

NAME D  
HERTAN, WILLIAM  
STREET ADDRESS 2864 NE 28TH ST  
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE ☐ DELETE

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

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☒ Addition

NAME PRESIDENT / COO.  
KENNETH R. WISEMAN  
STREET ADDRESS 34 COTTAGE GROVE RD  
CITY-ST-ZIP GOSHEN, CT. 06956

21 TITLE ☐ Change ☒ Addition

NAME VPGM  
CASHMAN, CHRISTOPHERE W  
STREET ADDRESS 19 PHILLIPS DRIVE  
CITY-ST-ZIP NEW BURY PORT, MA. 01950

31 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing 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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Kenneth R. Wiseman  
President

1/17/97

860-676-1052

CR2E034 (9/96)