

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F93000000052

1. Corporation Name

WORLD WIDE FULFILLMENT AND DISTRIBUTION, INC.

Principal Place of Business

2 ACCRADATA DR
FARMINGTON CT 06085
US

Mailing Address

2 ACCRADATA DR
FARMINGTON CT 06085
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/30/1992

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name GRAY, HARRY J.
82 Street Address (P.O. Box Number is Not Acceptable)
11094 Beach Club Point, LOST TREE VILLAGE
83
84 City NORTH PALM BEACH FL 85 Zip Code 33408

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 due if applicable.

Signature of Registered Agent (signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VPGM	<input checked="" type="checkbox"/> DELETE
NAME	HARPES, GEORGIANA	
STREET ADDRESS	137 SOUTH MOORE STREET	
CITY-ST-ZIP	COPPELL TX	
TITLE	CPD	<input type="checkbox"/> DELETE
NAME	GRAY, HARRY J	
STREET ADDRESS	11094 BEACH CLUB POINT, LOST TREE VILLAGE	
CITY-ST-ZIP	NORTH PALM BEACH FL	
TITLE	DTS	<input type="checkbox"/> DELETE
NAME	KLENE, ROGER R	
STREET ADDRESS	32 HOPE VALLEY ROAD	
CITY-ST-ZIP	AMSTON CT	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	WISEMAN, KENNETH N.	
STREET ADDRESS	34 COTTAGE GROVE RD.	
CITY-ST-ZIP	GOSHEN CT	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	CASHMAN, CHRISTOPHERE W	
STREET ADDRESS	19 PHILLIPS DRIVE	
CITY-ST-ZIP	NEWBURY POST MA	
TITLE	VPGM	<input checked="" type="checkbox"/> DELETE
NAME	MANCE, ROBERT D.	
STREET ADDRESS	11099 N.W. 17TH MANOR	
CITY-ST-ZIP	CORAL SPRINGS FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Executive Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Lavelly, Daniel D.	
1.3 STREET ADDRESS	219 Stage Coach Road	
1.4 CITY-ST-ZIP	Avon, CT 06001	
2.1 TITLE	Chief Financial Officer	<input checked="" type="checkbox"/> Addition
2.2 NAME	Richard A. Caruso	
2.3 STREET ADDRESS	52 Susan Drive	
2.4 CITY-ST-ZIP	Westfield, Ma. 01085	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard A. Caruso 4/21/99 860-676-1052

Date

Daytime Phone #

CR2E034 (1/198)

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90064 044 ***150.00

