

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Mar 05 1997 8:00am
Secretary of State

DOCUMENT # F93000003220 (1)

1. Corporation Name

238 COLUMBUS BLVD., INC.

Principal Place of Business

38 PROSPECT STREET
FIRST FLOOR
HARTFORD CT 06115

Mailing Address

38 PROSPECT STREET
FIRST FLOOR
HARTFORD CT 06103-2814

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

3. Date Incorporated or Qualified

07/14/1993

3a. Date of Last Report

05/01/1996

4. FEI Number

06-1279377

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

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 type and printed name of registered agent and fee, if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| | | |
|-----------------|----------------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | MCLOUGHLIN, PHILIP R | |
| STREET ADDRESS | 11 COUNTRY CLUB DRIVE | |
| CITY - ST - ZIP | W. SIMSBURY CT 06092 | |
| TITLE | VPD | <input type="checkbox"/> DELETE |
| NAME | NOBLE, SCOTT C | |
| STREET ADDRESS | 15 APPLE HILL ROAD | |
| CITY - ST - ZIP | WILBRAHAM MA 01095 | |
| TITLE | VP | <input type="checkbox"/> DELETE |
| NAME | RUBIN, BARBARA | |
| STREET ADDRESS | 1899 MAIN STREET | |
| CITY - ST - ZIP | GLASTONBURY CT 06033 | |
| TITLE | VP | <input type="checkbox"/> DELETE |
| NAME | CARTER, JAMES S | |
| STREET ADDRESS | 1081-1/2 FARMINGTON AVENUE | |
| CITY - ST - ZIP | WEST HARTFORD CT 06107 | |
| TITLE | VP | <input type="checkbox"/> DELETE |
| NAME | GRZYBALA, PETER C | |
| STREET ADDRESS | 25 RIVERVIEW ROAD | |
| CITY - ST - ZIP | GLASTONBURY CT 06033 | |
| TITLE | T | <input type="checkbox"/> DELETE |
| NAME | SEARFOSS, DAVID W | |
| STREET ADDRESS | 3 STRATFORD ROAD | |
| CITY - ST - ZIP | FARMINGTON CT 06032 | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|---------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY - ST - ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY - ST - ZIP | |
| 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 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, unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-26-97

Date

(860) 403-5488

CR2E034 (9/96)