FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -7 PM 3:04

DOCUMENT # F93000005540 (0)

1. Corporation Name
TR DEVELOPMENT CORPORATION

Principal Place of Business	Mailing Address
SUITE 209 560 SAW MILL ROAD WEST HAVEN CT 06516	SUITE 209 560 SAW MILL ROAD WEST HAVEN CT 06516

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/07/1993
3a. Date of Last Report: 02/02/1994

2. Principal Place of Business	2a. Mailing Address
21 16 OXFORD ROAD	26 16 OXFORD ROAD
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: MILFORD CT	28 City & State: MILFORD CT
24 Zip: 06460 25 Country: NEW HAVEN	29 Zip: 06460 30 Country: NEW HAVEN

4. FEI Number: 52-1566956 ☐ 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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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	PC	11 TITLE	☒ Change ☐ Addition
NAME	MCPEAKE, FRANK J	12 NAME	
STREET ADDRESS	560 SAW MILL RD SUITE 209	13 STREET ADDRESS	16 Oxford Rd
CITY-ST-ZIP	WEST HAVEN CT 06516	14 CITY-ST-ZIP	Milford, CT. 06460
TITLE	VDT	21 TITLE	☒ Change ☐ Addition
NAME	MURPHY, MAUREEN	22 NAME	
STREET ADDRESS	560 SAW MILL RD SUITE 209	23 STREET ADDRESS	16 Oxford Rd
CITY-ST-ZIP	WEST HAVEN CT 06516	24 CITY-ST-ZIP	Milford, CT. 06460
TITLE	DS	31 TITLE	☒ Change ☐ Addition
NAME	SMITH, DEBORAH	32 NAME	
STREET ADDRESS	560 SAW MILL RD SUITE 209	33 STREET ADDRESS	16 Oxford Rd
CITY-ST-ZIP	WEST HAVEN CT 06516	34 CITY-ST-ZIP	Milford, CT. 06460
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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: Frank J McPeake FRANK J McPEAKE 1-30-95 203 397 0260
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0483960 FN