

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 # F93000005560 (8)

1. Corporation Name

BAYDATA, INC.



Principal Place of Business

Mailing Address

32 LOOCKERMAN SQUARE
SUITE L100
DOVER DE 19901

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SUITE L100
DOVER DE 19901

3. Date Incorporated or Qualified

12/08/1993

3a. Date of Last Report

07/03/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 P.O. Box 780

22 City & State

27 Wallingford, CT

23 Zip

24 Country

28 Zip

29 Country

06492

30 USA

4. FEI Number

51-0344891

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

10. Name and Address of New Registered Agent

MAASS, ROBB R
321 ROYAL POINCIANA PLAZA
PALM BEACH FL 33480

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 PD
NAME KRAWSKI, JOHN A
STREET ADDRESS 101275 PALM AVE.
CITY - ST - ZIP JUPITER FL 33477 ☐ DELETE

TITLE AS
NAME BOHONNON, DAVID M
STREET ADDRESS 205 CHURCH ST.
CITY - ST - ZIP NEW HAVEN CT 06510 ☒ DELETE

TITLE VP
NAME HANDY, ROLAND E.
STREET ADDRESS 101 N. PLAINS IND ROAD
CITY - ST - ZIP WALLINGFORD CT ☐ DELETE

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE V. PRES. & SECRETARY ☒ Change ☐ Addition
1.2 NAME KRAWSKI, JOHN A.
1.3 STREET ADDRESS 101275 PALM AVE
1.4 CITY - ST - ZIP JUPITER, FL 33477

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE TREASURER ☒ Change ☐ Addition
3.2 NAME HANDY, ROLAND E.
3.3 STREET ADDRESS 101 N. PLAINS IND. ROAD
3.4 CITY - ST - ZIP WALLINGFORD, CT 06492

4.1 TITLE PRESIDENT ☐ Change ☒ Addition
4.2 NAME KRAWSKI, LYNN
4.3 STREET ADDRESS 101275 PALM AVE
4.4 CITY - ST - ZIP JUPITER, FL 33477

5.1 TITLE V. PRESIDENT ☐ Change ☒ Addition
5.2 NAME BISSELL, ROGER
5.3 STREET ADDRESS 78 Candlewood Dr.
5.4 CITY - ST - ZIP Tolland, CT 06084

6.1 TITLE V. PRESIDENT ☐ Change ☒ Addition
6.2 NAME LEONE, DAVID
6.3 STREET ADDRESS 3200 S. ANDREWS AVE
6.4 CITY - ST - ZIP FT. LAUDERDALE, FL 33316

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

Date

Daytime Phone #

CR2E034 (12/95)