

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 # F93000005900 (6)

1. Corporation Name

CORBIN RUSSWIN, INC.



Principal Place of Business

225 EPISCOPAL ROAD  
BERLIN CT 06037

Mailing Address

225 EPISCOPAL ROAD  
BERLIN CT 06037

3. Date Incorporated or Qualified  
12/28/1993

3a. Date of Last Report  
03/22/1995

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

4. FEI Number

51-0352006

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

THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301

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 ☒ DELETE  
NAME GAMBLE, JOHN R.  
STREET ADDRESS 225 EPISCOPAL ROAD  
CITY - ST - ZIP BERLIN CT 06037

TITLE SD ☐ DELETE  
NAME HANNON, JOHN F  
STREET ADDRESS 700 NICKERSON RD.  
CITY - ST - ZIP MARLBORO MA

TITLE T ☒ DELETE  
NAME HARROWER, PAMELA J  
STREET ADDRESS 225 EPISCOPAL ROAD  
CITY - ST - ZIP BERLIN CT 06037

TITLE D ☐ DELETE  
NAME GASPARINI, ROBERT L  
STREET ADDRESS 555 THEODORE FREMD AVE. B204  
CITY - ST - ZIP RYE NY

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 PD ☒ Change ☒ Addition  
1.2 NAME MCCORD, PATRICK J.  
1.3 STREET ADDRESS 1902 AIRPORT ROAD  
1.4 CITY - ST - ZIP MONROE, NC 28110 ☐ Change ☐ Addition

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

3.1 TITLE T ☒ Change ☒ Addition  
3.2 NAME DAVIS, JOHN  
3.3 STREET ADDRESS 225 EPISCOPAL ROAD  
3.4 CITY - ST - ZIP BERLIN, CT 06037 ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ 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 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

*John F. Hannon*

John F. Hannon

3/01/96

(508) 482-8760

Telephone #

CR2E034 (12/95)