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FILED
Feb 13 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 06037-1524**

3. Date Incorporated or Qualified
12/28/1993

3a. Date of Last Report
04/22/1996

2. Principal Place of Business

21
Suite, Apt. #, etc.

22
City & State

23
Zip

24
Country

2a. Mailing Address

26 **700 NICKERSON ROAD**

Suite, Apt. #, etc.

27
City & State

28 **MARLBOROUGH MA**

29
Zip

01752

30
Country

USA

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

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

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, 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 **MCCORD, PATRICK J**
STREET ADDRESS **1902 AIRPORT RD**
CITY - ST - ZIP **MONROE NC**

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

TITLE **T** ☒ DELETE
NAME **DAVIS, JOHN**
STREET ADDRESS **225 EPISCOPAL ROAD**
CITY - ST - ZIP **BERLIN CT**

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 ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

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

3.1 TITLE ☒ Change ☒ Addition
3.2 NAME **T**
3.3 STREET ADDRESS **WOLF, DOUGLAS E.**
3.4 CITY - ST - ZIP **1902 AIRPORT ROAD
MONROE NC 28110**

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 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.

CR2E034 (9/96)