

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
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 JUN 14 AM 8:03

DOCUMENT # F94000000242 (7)

1. Corporation Name

SPRINGBORN HOLDINGS, INC.

Principal Place of Business

ONE SPRINGBORN CENTER
ENFIELD CT 06082

Mailing Address

ONE SPRINGBORN CENTER
ENFIELD CT 06082

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/18/1994

3a. Date of Last Report

4. FEI Number

06-1324909

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD
PLANTATION FL 33324

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	CPST
NAME	SPRINGBORN, ROBERT C
STREET ADDRESS	ONE SPRINGBORN CENTER
CITY ST ZIP	ENFIELD CT
TITLE	D
NAME	DRYDEN, R N JR
STREET ADDRESS	ONE SPRINGBORN CENTER
CITY ST ZIP	ENFIELD CT
TITLE	D
NAME	SCHMIDT, BENNO C
STREET ADDRESS	ONE SPRINGBORN CENTER
CITY ST ZIP	ENFIELD CT
TITLE	V
NAME	STONE, MICHAEL R
STREET ADDRESS	ONE SPRINGBORN CENTER
CITY ST ZIP	ENFIELD CT
TITLE	AT
NAME	VITRO, THOMAS D
STREET ADDRESS	ONE SPRINGBORN CENTER
CITY ST ZIP	ENFIELD CT
TITLE	AS
NAME	PANCIERA, KRISTINA B
STREET ADDRESS	ONE SPRINGBORN CENTER
CITY ST ZIP	ENFIELD CT

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	Director	☐ Change ☒ Addition
12 NAME	Brooks, Michael C.	
13 STREET ADDRESS	One Springborn Center	
14 CITY ST ZIP	Enfield, CT 06082	
21 TITLE	President/Director	☐ Change ☒ Addition
22 NAME	Choukas, Michael A.	
23 STREET ADDRESS	One Springborn Center	
24 CITY ST ZIP	Enfield, CT 06082	
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY ST ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY ST ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY ST ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
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)(b), 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)

Frederick G. Crocker, Jr., Vice President

6/9/95

749-8371