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 APR 19 PM 11:30

DOCUMENT # **F94000001249 (1)**

1. Corporation Name
SOMERSET PARTNER INC.

Principal Place of Business	Mailing Address
6 LANDMARK SQUARE STAMFORD CT 06901	6 LANDMARK SQUARE STAMFORD CT 06901

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/11/1994
3a. Date of Last Report:

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
County — 25 / 30

4. FEI Number: 13-3420228 ☐ 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 S. 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	PD	1.1 TITLE		☐ Change ☑ Addition
NAME	MCMORROW, FRANK P	1.2 NAME		
STREET ADDRESS	171 W. PARK AVENUE	1.3 STREET ADDRESS		
CITY-ST-ZIP	PEARL RIVER NY	1.4 CITY-ST-ZIP	10965	
TITLE	VD	2.1 TITLE		☐ Change ☑ Addition
NAME	BROWN, ROBERT T	2.2 NAME		
STREET ADDRESS	23 MONMOUTH AVENUE	2.3 STREET ADDRESS		
CITY-ST-ZIP	W. MILFORD NJ	2.4 CITY-ST-ZIP	07480	
TITLE	TD	3.1 TITLE	TDV	☐ Change ☑ Addition
NAME	GELBMAN, LEWIS A	3.2 NAME		
STREET ADDRESS	28-9 MANVILLE LANE	3.3 STREET ADDRESS		
CITY-ST-ZIP	PLEASANTVILLE NY	3.4 CITY-ST-ZIP	10570	
TITLE	AS	4.1 TITLE	AS	☑ Change ☐ Addition
NAME	HOSEY, DEVAUGHN	4.2 NAME	Pamela T Ireland	
STREET ADDRESS	2 CANTERBURY GREEN	4.3 STREET ADDRESS	151 Cross Highway	
CITY-ST-ZIP	STAMFORD CT	4.4 CITY-ST-ZIP	Fairfield, CT 06430	
TITLE	AT	5.1 TITLE	AT	☐ Change ☑ Addition
NAME	Samuel Bleichfeld	5.2 NAME	Samuel Bleichfeld	
STREET ADDRESS		5.3 STREET ADDRESS	6 Landmark Square	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Stamford, CT 06901	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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)(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: Robert T. Brown 4/6/95 (203) 357-7483
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000043 FP