FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

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PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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**

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

3. Date Incorporated or Qualified: **03/11/1994**

3a. Date of Last Report: **04/17/1995**

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		
TITLE	PD	☐ DELETE
NAME	MCMORROW, FRANK P	
STREET ADDRESS	171 W. PARK AVENUE	
CITY-ST-ZIP	PEARL RIVER NY	
TITLE	VD	☐ DELETE
NAME	BROWN, ROBERT T	
STREET ADDRESS	23 MONMOUTH AVENUE	
CITY-ST-ZIP	W. MILFORD NJ	
TITLE	TDV	☒ DELETE
NAME	GELBMAN, LEWIS A	
STREET ADDRESS	28-9 MANVILLE LANE	
CITY-ST-ZIP	PLEASANTVILLE NY	
TITLE	AS	☐ DELETE
NAME	IRELAND, PAMELA T.	
STREET ADDRESS	151 CROSS HIGHWAY	
CITY-ST-ZIP	FAIRFIELD CT	
TITLE	AT	☐ DELETE
NAME	BLEICHFIELD, SAMUEL	
STREET ADDRESS	6 LAMDMARK SQAURE	
CITY-ST-ZIP	STAMFORD CT	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (12/95)

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 B 4-19-96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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SOMERSET PARTNER, INC.

LIST OF DIRECTORS & OFFICERS

	Business Address
Directors	
Frank P. McMorrow	Six Landmark Square, Stamford, CT 06901
Robert T. Brown	" " "
Officers	
President	
Frank P. McMorrow	See Above
Sr. Vice President	
Robert T. Brown	See Above
Assistant Secretary	
Pamela T. Ireland	Six Landmark Square, Stamford, CT 06901
Assistant Treasurer	
Samuel Bleichfeld	Six Landmark Square, Stamford, CT 06901