

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Jul 29, 1999 8:00 am**  
**Secretary of State**

07-29-1999 90019 012 \*\*\*550.00

**DOCUMENT #** F94000001249(1)

1. Corporation Name

SOMERSET PARTNER, INC.

Principal Place of Business

6 LANDMARK SQUARE  
5TH FLOOR - CONTROLLERS DEPT.  
STAMFORD CT 06901  
US

Mailing Address

6 LANDMARK SQUARE  
5TH FLOOR - CONTROLLERS DEPT.  
STAMFORD CT 06901  
US



58310-90019-12

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/11/94

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CT 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

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 RIZZO, MICHAEL J  
STREET ADDRESS 1515 NORTHWIND RD  
CITY-ST-ZIP LOUISVILLE KY

TITLE VD ☒ DELETE  
NAME MCMORROW, FRANK P  
STREET ADDRESS 171 W. PARK AVENUE  
CITY-ST-ZIP PEARL RIVER NY

TITLE AS ☒ DELETE  
NAME IRELAND, PAMELA T  
STREET ADDRESS 151 CROSS HIGHWAY  
CITY-ST-ZIP FAIRFIELD CT

TITLE VP ☐ DELETE  
NAME BROWN, ROBERT  
STREET ADDRESS 23 MONMOUTH AVE  
CITY-ST-ZIP WEST MILFORD NJ

TITLE VP ☐ DELETE  
NAME URICH, WILLIAM  
STREET ADDRESS 26 CRAIGMOOR RD  
CITY-ST-ZIP RIDGEFIELD CT

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 PHILLIPS, CHARLES A.  
1.3 STREET ADDRESS SIX LANDMARK SQUARE  
1.4 CITY-ST-ZIP STAMFORD, CT 06901

2.1 TITLE SVPSD ☐ Change ☒ Addition  
2.2 NAME WIMBUSH, L. KEITH  
2.3 STREET ADDRESS SIX LANDMARK SQUARE  
2.4 CITY-ST-ZIP STAMFORD, CT 06901

3.1 TITLE AT ☐ Change ☒ Addition  
3.2 NAME BLEICHFELD, SAMUEL  
3.3 STREET ADDRESS SIX LANDMARK SQUARE  
3.4 CITY-ST-ZIP STAMFORD, CT 06901

4.1 TITLE AS ☐ Change ☒ Addition  
4.2 NAME KRAMER, MARY  
4.3 STREET ADDRESS SIX LANDMARK SQUARE  
4.4 CITY-ST-ZIP STAMFORD, CT 06901

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 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, with all other like empowered.

SIGNATURE:

**ROBERT T. BROWN**  
PRESIDENT

7/21/99

Date

(203) 359-7100

Daytime Phone #

CR2E034 (1/98)