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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F94000001249(1)

1. Corporation Name

SOMERSET PARTNER, INC.

FILED
Jul 29, 1999 8:00 am
Secretary of State
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07-29-1999 90019 012 ***550.00

Principal Place of Business Mailing Address				* 5 598318 - 90319 - 12	, Ø *				
6 LANDMARK SQUARE 5TH FLOOR - CONTROLLERS DEPT. STAMFORD CT 06901		Landmark square H Floor - Controllers Dept. (amford Ct 06901			DO NOT WRITE IN THIS SPACE				
US US					3. Date Incorporated or Qualifed 03/11/94		•		
Principal Place of Business 2a. Mailing Address					4. FEI Number		Applied For		
21	26	26			13-3420228		Not Applicable		
Suite, Apt. #, etc. Suite, Apt. #, etc. 27				5. Certifcate of Status Desired		.75 Additional ee Required			
City & State City & State 28					6. Election Campaign Financing S5.00 May Trust Fund Contribution Added to Fee				
Zip Country	Zip 29	Co.	intry		This corporation owes the current year In Personal Property Tax.	ntangible Ye			
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent						
CT CORPORATION SYSTEM			81	Name					
1200 S. PINE ISLAND ROAD			82	82 Street Address (P.O. Box Number is Not Acceptable)					
PLANTATION FL 33324				3					
			84	City	Fi	85	Zip Code		
44 D	607 0602 and 607 1509 Florida	Statutos the a	hove	-named corp	oration submits this statement for the purpose of	f changi	ing its registered		

 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, typend or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE	agent. Fai	ir lainilliai Willi, and accept the ediligations of, educati editional from										
TILE PD Change Ch	SIGNATURE Signature Signa											
NAME RIZZO, MICHAEL J 12 NAME 1515 NORTHWIND RD 1515 NOR	12.											
STREET ADDRESS CITY-ST-ZIP LOUISVILLE KY TITLE VD NAME MCMORROW, FRANK P STREET ADDRESS 171 W. PARK AVENUE PEARL RIVER NY NAME RELAND, PAMELA T STREET ADDRESS CITY-ST-ZIP FAIRFIELD CT TITLE VP DELETE STAMFORD, CT 06901 Change MIMBUSH, L. KEITH SIX LANDMARK SQUARE STAMFORD, CT 06901 AT TITLE AT Change AT STAMFORD, CT 06901 AT Change Addition NAME STREET ADDRESS SIX LANDMARK SQUARE STAMFORD, CT 06901 AT Change Addition NAME STREET ADDRESS STAMFORD, CT 06901 AT Change Addition NAME STREET ADDRESS SIX LANDMARK SQUARE STAMFORD, CT 06901 TITLE VP DELETE AT Change Addition	TITLE	PD	1.1 TITLE	PD	☐ Change	X Addition						
Activ-st-zip	NAME	RIZZO, MICHAEL J	1.2 NAME	PHILLIPS, CHARLES A.								
TITLE	STREET ADDRESS	1515 NORTHWIND RD	1.3 STREET ADDRESS	SIX LANDMARK SQUARE								
NAME MCMORROW, FRANK P 22 NAME WIMBUSH, L. KEITH STREET ADDRESS T71 W. PARK AVENUE 23 STREET ADDRESS SIX LANDMARK SQUARE STAMFORD, CT O6901 Change Addition O6901 Change Company O6901 Ch	CITY-ST-ZIP	LOUISVILLE KY	1.4 CITY- ST- ZIP	STAMFORD, CT 06901								
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CITY-ST-ZIP	NAME	MCMORROW, FRANK P	2.2 NAME	WIMBUSH, L. KEITH		ĺ						
TITLE	STREET ADDRESS	171 W. PARK AVENUE	2.3 STREET ADDRESS	SIX LANDMARK SQUARE								
NAME / IRELAND, PAMELA T 32 NAME BLEICHFELD; SAMUEL STREET ADDRESS STAMFORD, CT 06901 TITLE VP	CITY-ST-ZIP		2. 4 CITY-ST-ZIP	STAMFORD, CT 06901								
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STAMFORD		IRELAND, PAMELA T	3.2 NAME *	BLEICHFELD; SAMUEL	Contracting to the second	- 						
TITLE VP DELETE 4.1 TITLE AS CRAMER MARY NAME BROWN, ROBERT 4.2 NAME KRAMER, MARY STREET ADDRESS 23 MONMOUTH AVE 4.3 STREET ADDRESS SIX LANDMARK SQUARE CITY-ST-ZIP WEST MILFORD NJ 4.4 CITY-ST-ZIP STAMFORD CT 0.6 9.0 1 TITLE VP DELETE 5.1 TITLE 5.2 NAME STREET ADDRESS CITY-ST-ZIP RIDGEFIELD CT 5.4 CITY-ST-ZIP 5.4 CITY-ST-ZIP 5.4 CITY-ST-ZIP 6.1 TITLE	STREET ADDRESS	151 CROSS HIGHWAY	3.3 STREET ADDRESS	SIX LANDMARK SQUARE		l						
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TITLE DELETE 6.1 TITLE Change Addition	STREET ADDRESS	26 CRAIGMOOR RD	5.3 STREET ADDRESS			ĺ						
SANAGE SANAGE	CITY-ST-ZIP	RIDGEFIELD CT										
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.	NAME		6.2 NAME									
STREET ADDRESS 6.3 STREET ADDRESS	STREET ADDRESS		6.3 STREET ADDRESS									
CITY-ST-ZIP 64 CITY-ST-ZIP 14 L benefity 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				Lis Cartina 440 07/3/3) Florido Statutas I futb	or cortify that the in	formation						

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 eath; 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 address, with all other like empowered.

SIGNATURE:

ROBERT T. BROWN
SIGNATURE AND TYPED OR PREVENTION OF FICER OR DIRECTOR

7/21/9

(203) 359-7100 Daytime Phone #