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 MAR 28 PM 3:33

DOCUMENT # F94000002025 (4)

1. Corporation Name

PHM, INC.

Principal Place of Business	Mailing Address
1353 BOSTON POST ROAD MADISON CT 06443	1353 BOSTON POST ROAD MADISON CT 06443

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/20/1994
3a. Date of Last Report:

2. Principal Place of Business (21)
2a. Mailing Address (26)

4. FEI Number: ~~09-1266275~~ 06-1266275 ☐ Applied For ☐ Not Applicable

Suite, Apt #, etc (22) (27)

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

City & State (23) (28)

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

Zip (24) Country (25) Zip (29) Country (30)

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 SOUTH 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, (last) or (added) name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PT	11 TITLE	CEO	☒ Change ☐ Addition
NAME	PEPIN, ROGER A	12 NAME	Pepin, Roger A	
STREET ADDRESS	1353 BOSTON POST ROAD	13 STREET ADDRESS	1353 Boston Post Road	
CITY-ST-ZIP	MADISON CT	14 CITY-ST-ZIP	Madison, CT 06443	
TITLE	VS	21 TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	HOWES, STEVEN E	22 NAME	Howes, Steven E	
STREET ADDRESS	1353 BOSTON POST ROAD	23 STREET ADDRESS	1353 Boston Post Road	
CITY ST ZIP	MADISON CT	24 CITY ST ZIP	Madison, CT 06443	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY ST ZIP		34 CITY ST ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		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)(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: _____ Steven E. Howes, Pres 3/20/95 (203)245-9008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0094142 FP