

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT CORPORATION  
ANNUAL REPORT  
1995**



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
NOV 1994

**DOCUMENT # F94000002713 (5)**

1. Corporation Name

**CLARION MARKETING AND COMMUNICATIONS, INC.**

Principal Place of Business  
**340 PEMBERWICK ROAD  
GREENWICH CT 06831**

Mailing Address  
**340 PEMBERWICK ROAD  
GREENWICH CT 06831**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **05/24/1994** 3a. Date of Last Report

4. FEI Number **13-3059409** 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. 190.032, Florida Statutes  Yes  No

2. Principal Place of Business

21 **21**

Site, Apt. #, etc

22 **22**

City & State

23 **23**

Zip

24 **24**

Country

25 **25**

2a. Mailing Address

26 **26**

State, Apt. #, etc.

27 **27**

City & State

28 **28**

Zip

29 **29**

Country

30 **30**

9. Name and Address of Current Registered Agent

**UNITED CORPORATED SERVICES, INC.  
801 NORTHEAST 187TH STREET  
NORTH MIAMI BEACH FL 33162**

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 consulting)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>PCEO</b>
NAME	<b>RIZZO, RAYMOND S</b>
STREET ADDRESS	<b>340 PEMBERWICK ROAD</b>
CITY ST ZIP	<b>GREENWICH CT 06831</b>
TITLE	<b>EVD</b>
NAME	<b>QUINCY, DAVID A</b>
STREET ADDRESS	<b>340 PEMBERWICK ROAD</b>
CITY ST ZIP	<b>GREENWICH CT 06831</b>
TITLE	<b>EVD</b>
NAME	<b>SATHER, RALPH N</b>
STREET ADDRESS	<b>340 PEMBERWICK ROAD</b>
CITY ST ZIP	<b>GREENWICH CT 06831</b>
TITLE	<b>CFOD</b>
NAME	<b>WILHELMY, ROBERT M</b>
STREET ADDRESS	<b>340 PEMBERWICK ROAD</b>
CITY ST ZIP	<b>GREENWICH CT 06831</b>
TITLE	<b>D</b>
NAME	<b>NIEROTH, ALEX</b>
STREET ADDRESS	<b>340 PEMBERWICK ROAD</b>
CITY ST ZIP	<b>GREENWICH CT 06831</b>
TITLE	<b>D</b>
NAME	<b>JENSEN, DENENE G</b>
STREET ADDRESS	<b>340 PEMBERWICK ROAD</b>
CITY ST ZIP	<b>GREENWICH CT 06831</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY ST ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY ST ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY ST ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY ST ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY ST ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
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 110.07(1)(k), 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 I have had, or if an attorney-in-fact, with an address:

SIGNATURE:

*Robert M. Wilhelmy*

**Robert M. Wilhelmy**

**8/6/95**

**(203) 531-3600**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number

CR2E034 (3/95)