

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

FILED
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90065 022 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # F94000005703

1. Corporation Name
IVANS, INC.

Principal Place of Business
**777 WEST PUTNAM AVE.
GREENWICH CT 06830**

Mailing Address
**777 WEST PUTNAM AVE.
GREENWICH CT 06830**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/03/1994

4. FEI Number

13-3142765

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name **Joseph Brennan**

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

Joseph F Brennan **JOSEPH F BRENNAN** **DIVISIONAL V.P. - INFO SYSTEMS**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE **1/7/1999**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **P**
STREET ADDRESS **CARMICHAEL, DANIEL**
CITY-ST-ZIP **6 OCEAN VIEW DR
STAMFORD CT 06902**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☒ DELETE
NAME **V**
STREET ADDRESS **WATERS, RITA**
CITY-ST-ZIP **17 BENDER DR.
GREENWICH CT 06870**

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **Connelly, Michael**
2.3 STREET ADDRESS **21 Saxon Dr.**
2.4 CITY-ST-ZIP **Valhalla NY 10595**

TITLE ☐ DELETE
NAME **TS**
STREET ADDRESS **PAYNE, ROBERT S**
CITY-ST-ZIP **3 BLACKMAN ROAD
RIDGEFIELD CT 06877**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☒ DELETE
NAME **D**
STREET ADDRESS **FARNAM, WALTER**
CITY-ST-ZIP **436 WALNUT ST
PHILADELPHIA PA**

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME **Dorr, Marjorie**
4.3 STREET ADDRESS **370 Bassett Rd.**
4.4 CITY-ST-ZIP **North Haven CT 06473**

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **ENTRINGER JAMES**
CITY-ST-ZIP **40 WANTAGE AVE
BRANCHVILLE NJ**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **GROWDY, ROBERT**
CITY-ST-ZIP **ONE BEACON ST
BOSTON MA**

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 S Payne
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

18 Jan 1999
Date

532-2121
203
Daytime Phone #

CR2E034 (11/98)