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PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F95000000329 (1)

1. Corporation Name

GINTEL EQUITY MANAGEMENT, INC.



Principal Place of Business

Mailing Address

**6 GREENWICH OFFICE PARK
GREENWICH CT 06831**

**6 GREENWICH OFFICE PARK
GREENWICH CT 06831**

3. Date Incorporated or Qualified

3a. Date of Last Report

01/20/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS ST.
TALLAHASSEE FL 32301**

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 agent 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

Name of Registered Agent as per representation filing

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|----------------|------------------------|---------------------------------|
| TITLE | CEO | <input type="checkbox"/> DELETE |
| NAME | GINTEL, ROBERT M | |
| STREET ADDRESS | 71 BALDWIN FARMS SOUTH | |
| CITY-STATE-ZIP | GREENWICH CT 06830 | |
| TITLE | PTD | <input type="checkbox"/> DELETE |
| NAME | STAVRIDES, STEPHEN G | |
| STREET ADDRESS | 10 PATRICK LN. | |
| CITY-STATE-ZIP | WESTPORT CT 06880 | |
| TITLE | VSD | <input type="checkbox"/> DELETE |
| NAME | GODMAN, CECIL A III | |
| STREET ADDRESS | 18 FANTON HILL RD. | |
| CITY-STATE-ZIP | WESTON CT 06883 | |
| TITLE | CFO | <input type="checkbox"/> DELETE |
| NAME | BERMAN, ELLEN J | |
| STREET ADDRESS | 111 FOXBORO DR. | |
| CITY-STATE-ZIP | NORWALK CT 06851 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | JONAS, DEBRA L | |
| STREET ADDRESS | 88 BUCKFIELD AVE. | |
| CITY-STATE-ZIP | GREENWICH CT 06830 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | GINTEL, BARBARA L | |
| STREET ADDRESS | 71 BALDWIN FARMS SOUTH | |
| CITY-STATE-ZIP | GREENWICH CT 06830 | |

| | | |
|--------------------|------------------------|--|
| 1. TITLE | CEO/C/D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. NAME | GINTEL, ROBERT M | |
| 13. STREET ADDRESS | 71 BALDWIN FARMS SOUTH | |
| 14. CITY-STATE-ZIP | GREENWICH CT 06830 | |
| 2. TITLE | V/D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 22. NAME | CARROW, EDWARD F | |
| 23. STREET ADDRESS | 169 THORN RIDGE DR | |
| 24. CITY-STATE-ZIP | STAMFORD, CT 06830 | |
| 3. TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32. NAME | | |
| 33. STREET ADDRESS | | |
| 34. CITY-STATE-ZIP | | |
| 4. TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42. NAME | | |
| 43. STREET ADDRESS | | |
| 44. CITY-STATE-ZIP | | |
| 5. TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52. NAME | | |
| 53. STREET ADDRESS | | |
| 54. CITY-STATE-ZIP | | |
| 6. TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62. NAME | | |
| 63. STREET ADDRESS | | |
| 64. CITY-STATE-ZIP | | |

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5-1-96 pm

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)(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 changed or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEPHEN G. STAVRIDES, PRESIDENT

4/30/96
Date

203-622-6400
Telephone Number

CR2E034 (12/95)