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Mar 10, 1999 8:00 am  
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F95000000329**

1. Corporation Name

**GINTEL ASSET MANAGEMENT, INC.**

Principal Place of Business  
**6 GREENWICH OFFICE PARK  
GREENWICH CT 06831**

Mailing Address  
**6 GREENWICH OFFICE PARK  
GREENWICH CT 06831**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**01/20/1995**

4. FEI Number

**06-0871969**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing ☐

**\$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

**21**

Suite, Apt. #, etc.

**22**

City & State

**23**

Zip Country

**24**

**25**

2a. Mailing Address

**26**

Suite, Apt. #, etc.

**27**

City & State

**28**

Zip Country

**29**

**30**

9. Name and Address of Current Registered Agent

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

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CEOD	<input type="checkbox"/> DELETE
NAME	GINTEL, ROBERT M	
STREET ADDRESS	71 BALDWIN FARMS SOUTH	
CITY-ST-ZIP	GREENWICH CT	
TITLE	CFO	<input type="checkbox"/> DELETE
NAME	CARROLL, EDWARD F	
STREET ADDRESS	111 FOXBORO DR	
CITY-ST-ZIP	NORWALK CT 06851	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GODMAN, CECIL A III	
STREET ADDRESS	18 FANTON HILL RD.	
CITY-ST-ZIP	WESTON CT 06883	
TITLE	CFO	<input checked="" type="checkbox"/> DELETE
NAME	BERMAN, ELLEN J	
STREET ADDRESS	111 FOXBORO DR.	
CITY-ST-ZIP	NORWALK CT 06851	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	JONAS, DEBRA L	
STREET ADDRESS	88 BUCKFIELD AVE.	
CITY-ST-ZIP	GREENWICH CT 06830	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GINTEL, BARBARA L	
STREET ADDRESS	71 BALDWIN FARMS SOUTH	
CITY-ST-ZIP	GREENWICH CT 06830	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CEOD/CFO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	GINTEL, ROBERT M	
1.3 STREET ADDRESS	71 BALDWIN FARMS SOUTH	
1.4 CITY-ST-ZIP	GREENWICH, CT 06831	
2.1 TITLE	CFO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	GERSTEIN, ELLEN J.	
2.3 STREET ADDRESS	111 FOXBORO DR	
2.4 CITY-ST-ZIP	NORWALK, CT 06851	
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	GINSBERG, DEBRA L.	
3.3 STREET ADDRESS	15 TREE TOP TERRACE	
3.4 CITY-ST-ZIP	GREENWICH, CT 06831	
4.1 TITLE	P/T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	STAVRIDES, STEPHEN G.	
4.3 STREET ADDRESS	10 PATRICK LANE	
4.4 CITY-ST-ZIP	WESTPORT, CT 06880	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEPHEN G STAVRIDES

Date

2/25/99

Daytime Phone #

203-626-6400

CR2E034 (11/98)