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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



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

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 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: 21, 22, 23, 24
 2a. Mailing Address: 26, 27, 28, 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
 85 Zip Code **FL**

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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	CEO <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 FOZBORO 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	CEO/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: STEPHEN G STAVRIDES Date: 2/25/99 Daytime Phone #: 203 622 6400

CR2E034 (11/98)