

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2001 8:00 am
Secretary of State

05-24-2001 90491 044 ***550.00

DOCUMENT # F95000000329

1. Entity Name
GINTEL ASSET MANAGEMENT, INC.

Principal Place of Business Mailing Address
6 GREENWICH OFFICE PARK 6 GREENWICH OFFICE PARK
GREENWICH CT 06831 GREENWICH CT 06831



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **06-0871969** Applied For
 Not Applicable

Zip Country Zip Country 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS ST.
TALLAHASSEE FL 32301

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

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

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) **FILE NOW! After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State** 10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CFOS	<input checked="" type="checkbox"/> Delete
NAME	GERSTON, ELLEN J	
STREET ADDRESS	111 FOXBORO DRIVE	
CITY-ST-ZIP	NORWALK CT 06851	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GINSBERG, DEBRA L	
STREET ADDRESS	315 CAMPANA AVE	
CITY-ST-ZIP	CORAL GABLES FL 33156	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GINSBERG, DEBRA L	
STREET ADDRESS	15 TREE TOP TERR.	
CITY-ST-ZIP	GREENWICH CT 06831	
TITLE	CEOC	<input type="checkbox"/> Delete
NAME	GINTEL, ROBERT M	
STREET ADDRESS	71 BALDWIN FARMS S	
CITY-ST-ZIP	GREENWICH CT 06831	
TITLE	D	<input type="checkbox"/> Delete
NAME	GINTEL, BARBARA L	
STREET ADDRESS	71 BALDWIN FARMS SOUTH	
CITY-ST-ZIP	GREENWICH CT 06830	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CARROLL, EDWARD F	
STREET ADDRESS	102 CROSBY ST	
CITY-ST-ZIP	FAIRFIELD CT 06432	

TITLE	CFD/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GERSTEIN, ELLEN J.	
STREET ADDRESS	111 FOXBORO DR	
CITY-ST-ZIP	NORWALK, CT 06851	
TITLE	CEOC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GINTEL, ROBERT M	
STREET ADDRESS	J BAYRIDGE RD	
CITY-ST-ZIP	KEY LARGO, FL 33037	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GINTEL, BARBARA L	
STREET ADDRESS	5 BAYRIDGE RD	
CITY-ST-ZIP	KEY LARGO, FL 33037	
TITLE	PTD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STAVRIDES, STEPHEN G	
STREET ADDRESS	10 PARTRICK LAWE	
CITY-ST-ZIP	WESTPORT CT 06880	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEPHEN G. STAVRIDES Date: 05/21/01 Daytime Phone #: 203-622-6400

CR2E034 (10/00)