

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F95000003462 (7)

1. Corporation Name

BRIARCLIFF CAPITAL CORPORATION



Principal Place of Business

292 LONG RIDGE ROAD
STAMFORD CT 06927

Mailing Address

292 LONG RIDGE ROAD
STAMFORD CT 06927

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

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9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

07/19/1995

3a. Date of Last Report

4. FEI Number

06-1414393

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

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 registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
1	D	BRENNAN, DENNIS	7 BUCKINGHAM LANE GREENWICH CT	<input type="checkbox"/>
2	VTD	CHEN, FREDERICK C	128 BUTTERNUT HOLLOW ROAD GREENWICH CT	<input type="checkbox"/>
3	VD	DRISCOLL, JOSEPH A	46 BARTLETT DRIVE MANHASSET NY	<input type="checkbox"/>
4	AST	FREDERICK, JAMES	146 COLD SPRINGS ROAD, UNIT A STAMFORD CT	<input type="checkbox"/>
5	ATAS	MILLER, DEAN	767 CHEESE SPRING RD. NEW CANAAN CT	<input type="checkbox"/>
6	ASAT	SEGERSON, DEIRDRE	12 ANDREWS STREET BETHEL CT	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE	Change	Addition
1	ASAT	Brian D. Wilcox	67 N. Lakeshore Drive Brookfield, CT 06804		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2	AS	Lisa Capodici	342 Lockrimm Road Stamford, CT 06903		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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4					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/96 (203) 357-3961

Date Daytime Phone #

CR2E034 (12/95)