FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

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Mar 27 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # F95000004229 (9)

1. Corporation Name
AHTP II, INC.

Principal Place of Business
1209 ORANGE ST.
WILMINGTON DE 19801

Mailing Address
100 GANDO DR.
NEW HAVEN CT 06513-1049

3. Date Incorporated or Qualified: 08/31/1995
3a. Date of Last Report: 04/12/1996

4. FEI Number: 34-1805601 ☐ 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

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. **Name and Address of Current Registered Agent**
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VPS	☒ DELETE	1.1 TITLE	VICE PRESIDENT + SECRETARY	☐ Change ☒ Addition
NAME	~~MAZZARELLA, ANDREW J.~~		1.2 NAME	TIMOTHY E. COYNE	
STREET ADDRESS	~~112 LAURA RD.~~		1.3 STREET ADDRESS	100 GANDO DR.	
CITY-ST-ZIP	~~HAMDEN CT 06514~~		1.4 CITY-ST-ZIP	NEW HAVEN, CT 06513	
TITLE	VPT	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MARTIN, JOHN C III		2.2 NAME		
STREET ADDRESS	14 THREE VILLAGE LN.		2.3 STREET ADDRESS		
CITY-ST-ZIP	SETAUKET NY 11733		2.4 CITY-ST-ZIP		
TITLE	VASD	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	~~YOUDELMAN, ROBERT A~~		3.2 NAME		
STREET ADDRESS	~~25101 CHAGRIN BLVD~~		3.3 STREET ADDRESS		
CITY-ST-ZIP	~~BEACHWOOD OH 44122~~		3.4 CITY-ST-ZIP		
TITLE	P	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	~~PAUL, ROBERT G~~		4.2 NAME		
STREET ADDRESS	~~25101 CHAGRIN BLVD~~		4.3 STREET ADDRESS		
CITY-ST-ZIP	~~BEACHWOOD OH 44122~~		4.4 CITY-ST-ZIP		
TITLE	VS	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	~~FOLAN, MCDARA P III~~		5.2 NAME		
STREET ADDRESS	~~25101 CHAGRIN BLVD~~		5.3 STREET ADDRESS		
CITY-ST-ZIP	~~BEACHWOOD OH 44122~~		5.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	6.1 TITLE		☒ Change ☐ Addition
NAME	MCHALE, HENRY		6.2 NAME		
STREET ADDRESS	~~7220 N. BEACH DR.~~		6.3 STREET ADDRESS	100 GANDO DR.	
CITY-ST-ZIP	~~FOX POINT WI 53217~~		6.4 CITY-ST-ZIP	NEW HAVEN, CT 06513	

14. I do 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.

SIGNATURE: Timothy E. Coyne TIMOTHY E. COYNE — 3/7/97 — (203) 401-6461
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (9/96)

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