

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

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

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
34-1805601

Applied For
Not Applicable

21 State, Apt. #, etc.

26 State, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

22 City & State

27 City & State

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032
Florida Statutes ☐ Yes ☒ No

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 TITLE	VPS	13.1 TITLE	VICE PRESIDENT + SECRETARY
12.2 NAME	MAZZARELLA, ANDREW J.	13.2 NAME	TIMOTHY E. COYNE
12.3 STREET ADDRESS	112 LAURA RD.	13.3 STREET ADDRESS	100 GANDO DR.
12.4 CITY-STATE-ZIP	HAMDEN CT 06514	13.4 CITY-STATE-ZIP	NEW HAVEN, CT 06513
12.5 TITLE	VPT	13.5 TITLE	
12.6 NAME	MARTIN, JOHN C III	13.6 TITLE	
12.7 STREET ADDRESS	14 THREE VILLAGE LN.	13.7 NAME	
12.8 CITY-STATE-ZIP	SETAUKET NY 11733	13.8 STREET ADDRESS	
12.9 TITLE	VASD	13.9 CITY-STATE-ZIP	
12.10 NAME	YOUDELMAN, ROBERT A	13.10 TITLE	
12.11 STREET ADDRESS	25101 CHAGRIN BLVD	13.11 NAME	
12.12 CITY-STATE-ZIP	BEACHWOOD OH 44122	13.12 STREET ADDRESS	
12.13 TITLE	P	13.13 CITY-STATE-ZIP	
12.14 NAME	PAUL, ROBERT G	13.14 TITLE	
12.15 STREET ADDRESS	25101 CHAGRIN BLVD	13.15 NAME	
12.16 CITY-STATE-ZIP	BEACHWOOD OH 44122	13.16 STREET ADDRESS	
12.17 TITLE	VS	13.17 CITY-STATE-ZIP	
12.18 NAME	FOLAN, MCDARA P III	13.18 TITLE	
12.19 STREET ADDRESS	25101 CHAGRIN BLVD	13.19 NAME	
12.20 CITY-STATE-ZIP	BEACHWOOD OH 44122	13.20 STREET ADDRESS	
12.21 TITLE	P	13.21 CITY-STATE-ZIP	
12.22 NAME	MCHALE, HENRY	13.22 TITLE	
12.23 STREET ADDRESS	7228 N. BEACH DR.	13.23 NAME	
12.24 CITY-STATE-ZIP	FOX POINT WI 53217	13.24 STREET ADDRESS	
12.25 TITLE		13.25 CITY-STATE-ZIP	
12.26 NAME		13.26 TITLE	
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12.96 CITY-STATE-ZIP		13.96 STREET ADDRESS	
12.97 TITLE		13.97 CITY-STATE-ZIP	
12.98 NAME		13.98 TITLE	
12.99 STREET ADDRESS		13.99 NAME	
12.100 CITY-STATE-ZIP		14.00 STREET ADDRESS	

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
3/7/97 (203) 401-6461
0002031