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PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # F9500004353 (7)

WESTCOTT & MAPES, INC. Mailing Address Principal Place of Business 142 TEMPLE ST 142 TEMPLE ST NEW HAVEN CT 06510 NEW HAVEN CT 06510 3. Date incorporated or Qualified 3a. Date of Last Report 09/08/1995 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address Not Applicable 06-0586160 21 \$8.75 Additional Suite, Apt. #, etc Suite. Apt. #. etc. 5. Certificate of Status Desired Fee Required 22 27 Oity & State 6. Election Campaign Financing \$5.00 May Be City & State \Box Trust Fund Contribution Added to Fees 23 28 Ζip Country 8. This corporation has liability for intangible tax under s. 199.032, Country Ζıp Yes xx No Elorida Statutes 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET 83 TALLAHASSEE FL 32301-2525 Zip Code 84 City 85 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 Fiorida. Buch 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 307.0505, Florida Statutes. SIGNATURE Statistane, typical or ported hance of experience also flavor technique, also if the Renstack Agent squattic regions ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DELETE Change ☐ Addition 1 'TITLE TITLE **BONMATI, REYNALD G** 1.2 NAME NAME PREMIUM POINT STREET ADDRESS 1.3 STHEE! ADDRESS **NEW ROCHELLE NY 10801** 1.4 CITY - ST-ZIP CITY - S1 - ZIE Change Addition DEFETE TifLE 2 TITLE D/V/S MACALUSO, RAYMOND A 2 2 NAME NAME 46 MAPLE ST 2.3 STREET ADDRESS STREET ADDRESS MILFORD CT 06460 CITY - ST - ZIF 2.4 CITY - ST - 7IF Change □ DELETE 3 1 T TUE D/V/T ☐ Add tion TITLE BUCKMAN, JOHN W 3.2 NAME NAME 32 Highland Street 14 HIGHLAND AVE 3.3 STREET ADDRESS STREET ADDRESS New Haven, CT 06511 **NEW HAVEN CT 06510** 3.4 CITY | ST-ZIP CITY - ST- ZIP ☐ Change C) DELETE ☐ Addition 4 1 THILE TATLE 700001776467 -04/11/96--01029--011 BURGIO, JOSEPH P.E. 4.2 NAME NAME 130 EAGLE DR 4.3 STREET ACCRESS STREET ADDRESS ***200.00 **NEWINGTON CT 06111** 4.4 CiTY - ST - ZiP CITY-ST-ZIP ☐ Change DELETE 5 1 110 6 Addition THILE Joseph G. Costa, RA 205 Bennett Street 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS Fairfield, CT 06432 5.4 C(TY - \$1 - Z(P) CITY - ST - ZIP ☐ Change DELETE. 6 1 TITLE TITLE 6.2 NAME NAME Philip J. Katz, P.E.

6.9 STREET ADDRESS

64 CHY-ST-ZP

14. I do nereby 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

SIGNATURE:

STREET ADDRESS

CITY-ST-20

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(203) 189-1260

85 Lincoln Street Stratford, CT 06497 by for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further

10/2

CR2E034 (12/95)

OFFICERS AND DIRECTORS (Continued)

12.		13.	
TITLE	☐ DELETE	TITLE	V □Change ☑ Addition
NAME		NAME	Chris M. Marseglia, P.E.
STREET ADDRESS		STREET ADDRESS	58 Orchard Hill Road
CITY-ST-ZIP		CITY-ST-ZIP	Branford, CT 06405