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Apr 23 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 # F95000005872 (5)

1. Corporation Name

DELAWARE META GROUP, INC.

Principal Place of Business

Mailing Address

208 HARBOR DR.
STAMFORD CT 06912-0061

208 HARBOR DR.
STAMFORD CT 06902-7441



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

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

3a. Date of Last Report

11/29/1995

04/11/1996

4. FEI Number

Applied For

06-0971675

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

UNITED CORPORATE SERVICES, INC.
801 NE 167TH ST., #300
NORTH MIAMI BEACH FL 33162

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

TITILE T
NAME DENOYER, BERNARD F.
STREET ADDRESS 208 HARBOR DRIVE
CITY-ST-ZIP STAMFORD CT 06912-0061

1.1 TITLE Secretary, CFO, Treasurer
1.2 NAME and Vice President - Finance
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITILE D
NAME SALDUTTI, FRANCIS J
STREET ADDRESS 208 HARBOR DR.
CITY-ST-ZIP STAMFORD CT 06912-0061

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITILE D
NAME SIMMONS, MICHAEL
STREET ADDRESS 208 HARBOR DR.
CITY-ST-ZIP STAMFORD CT 06912-0061

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITILE VS
NAME ROTLIN MARC
STREET ADDRESS 208 HARBOR DR.
CITY-ST-ZIP STAMFORD CT 06912-0061

4.1 TITLE Chairman of the Board
4.2 NAME no longer Secretary
4.3 STREET ADDRESS Vice President
4.4 CITY-ST-ZIP

TITILE PDCE
NAME KUTRICK, DALE
STREET ADDRESS 208 HARBOR DR.
CITY-ST-ZIP STAMFORD CT 06912-0061

5.1 TITLE
5.2 NAME Dale Kotnick
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITILE V
NAME BROWN, JACK A
STREET ADDRESS 208 HARBOR DR.
CITY-ST-ZIP STAMFORD CT 06912-0061

6.1 TITLE Director
6.2 NAME George McNamee
6.3 STREET ADDRESS 208 Harbor Drive
6.4 CITY-ST-ZIP Stamford, CT 06912-0061

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-97

203973-6813

Date

Daytime Phone

CR2E034 (9/96)