

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

FILED  
Apr 24 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # F95000006157 (0)

1. Corporation Name

BAY AREA MALL, INC.



Principal Place of Business

Mailing Address

151 FARMINGTON AVE.  
HARTFORD CT 06156

151 FARMINGTON AVE.  
HARTFORD CT 06156-9154  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/14/1995

4. FEI Number

06-1444049

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

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 then if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DC	<input checked="" type="checkbox"/> DELETE
NAME	INGRAM, DAVID J	
STREET ADDRESS	15 VERMILLION DR.	
CITY-ST-ZIP	AVON CT 06001	
TITLE	PST	<input checked="" type="checkbox"/> DELETE
NAME	WEISEL, ROBERT J	
STREET ADDRESS	906 OLD FARMS RD.	
CITY-ST-ZIP	SIMSBURY CT 06070	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	SOLECKI, THOMAS J	
STREET ADDRESS	272 W. MAIN ST.	
CITY-ST-ZIP	AMSTON CT 00231	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P, D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Atwood, Peter S	
1.3 STREET ADDRESS	151 Farmington Avenue	
1.4 CITY-ST-ZIP	Hartford, CT 06156	
2.1 TITLE	V, S, D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Stoudt, Marilyn J.	
2.3 STREET ADDRESS	151 Farmington Ave.	
2.4 CITY-ST-ZIP	Hartford, CT 06156	
3.1 TITLE	V, T, D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Briggs, William E	
3.3 STREET ADDRESS	151 Farmington Avenue	
3.4 CITY-ST-ZIP	Hartford, CT 06156	
4.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Nichols, Michael W	
4.3 STREET ADDRESS	151 Farmington Avenue	
4.4 CITY-ST-ZIP	Hartford, CT 06156	
5.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Maher, John M.	
5.3 STREET ADDRESS	151 Farmington Avenue	
5.4 CITY-ST-ZIP	Hartford, CT 06156	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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.

CR2E034 (10/97)