SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF COMPORATIONS

1997

DOCUMENT # F9600005045 (7)

THOMCORP, NO. 10 INC.

FILED Sep 17 1997 8:00am Secretary of State



Dischal Dischal Dischal							
Principal Place of Business Mailing Address ONE STATION DIAGE							
ONE STATION PLACE STAMFORD CT 06902 ONE STATION PLACE STAMFORD CT 06902 STAMFORD CT 06902							
O Trans One O		017,111,011,011,011,011			DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified 3a. Date of Last Report 10/01/1996		
	lace of Business	2a. Mailing Address			4. FEI Number Applied	For	
27 2 Mill Road 26 2 Mill R			xad		-APPLIED FOR 06-14560SH Not App		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired		
City & Stat		City & State			6. Election Campaign Financing \$5.00 May 8	Be	
	nington, DE	28 Wilmington	Wilmington, DE		Trust Fund Contribution		
Zip Country Zip			Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	lo	
24 19806 25 29 19806 30 9. Name and Address of Current Registered Agent			·J		Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent		
THE	PRENTICE-HALL CORPORATIO		81	Name	10. Hanie and Addiess of New Hogistoled Agent		
	1 HAYS STREET	N OTOTEM, INC.					
TALLAHASSEE FL 32301			82	Street Add	ress (P.O. Box Number is Not Acceptable)	j	
* '^L	EATMODEE PE 32301		83				
Ì	ŧ]	
 			84	City	FL 85 Zip Code		
\$1 Durawant	to the provisions of Sections 607.050	22 and 607 1509 Florida Statutos	the about	o nomed sou	poration cultimits this statement for the purpose of changing its regi	olored	
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 being 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 is always and a corporation of Section 607.0505, Florida Statutes.							
agent. I a	im familiar with, and all cost the oblig	ations of, Section 607.0505, Florid	la Statute:	S.	8/20/97	ļ	
SIGNATURE	Signature, typed or printed name of registered ago				ired whon reinstating) DATE		
12.		D DIRECTORS	13.	iii, sigita.cre requi	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1	12	
TITLE	ASD	☐ DELETE	11 DILE			Addition	
NAME	FRIEDLAND, EDWARD A	-	1.2 NAME		· -		
STREET ADDRESS	ONE STATION PLACE, 4TH F	LOOR	1	I ADDRESS)	
CITY-ST-ZIP	STAMFORD CT 06902		1.4 CITY - S				
TITLE	VSD □ DELETE 2.		2.1 TITLE		☐ Change ☐ /	Addition	
NAME	HARRIS, MICHAEL S		2.2 NAME				
STREET ADDRESS	ONE STATION PLACE		2.3 STREET ADDRESS]	
DITY-ST-ZIP	CTANEODD CT 00000		2.4 CITY-1				
TITLE			3.1 TITLE		☐ Change ☐ /	Addition	
NAME	SCHROEDER, JAMES W		3.2 NAME				
STREET ADDRESS	ONE STATION PLACE		3.3 STREET	ADDRESS		İ	
CITY-ST-ZIP	STAMFORD CT 06902		3.4. CITY-5	ST-ZIP			
TITLE	PCEO	DELETE	4 1 TITLE		☐ Change ☐ A	noilit bA	
NAME	BROWN, W. MICHAEL		4. 2 NAMÉ				
STREET ADDRESS	ONE STATION PLACE		4.3 STREET	ADDRESS			
CITY-ST-ZIP	STAMFORD CT 06902	,	4.4 CITY - S	57 - ZIP			
TITLE	AS	DELETE	5.1 TITLE		☐ Change ☐ /	Addition	
NAME	CARSON, KENNETH A		5.2 NAME	į		l	
STREET ADDRESS	ONE STATION PLACE		5.3 STREET	ADDRESS			
CITY-ST-ZIP			5.4 CITY - S	61 - ZIP			
TITLE	AS DELETE 6.1		6.1 TITLE		☐ Change ☐ A	Addition	
NAME	EHLERS, DAWN L		6.2 NAME			- (
STREET ADDRESS	ONE STATION PLACE		6.3 STREET	ADDRESS			
CITY-ST-ZIP	STAMFORD CT 06902		64 CITY-S	ST - ZIP			
	by certify that the information supplied	d with this filing does not qualify for			d 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 attackment with an address SIGNATURE: