

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

FILED
Apr 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F97000000411 (5)**
1. Corporation Name
DPIC MANAGEMENT SERVICES CORPORATION



Principal Place of Business 9 FARM SPRINGS DR FARMINGTON CT 06032	Mailing Address 9 FARM SPRINGS DR FARMINGTON CT 06032
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/24/1997	
21		26		4. FEI Number 06-1459318	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24	25	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 the if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DCFO	1.1 TITLE	VP/T
NAME	BARRY, DANIEL L	1.2 NAME	Craig A. Nyman
STREET ADDRESS	9 FARM SPRINGS DR	1.3 STREET ADDRESS	9 Farm Springs Road
CITY-ST-ZIP	FARMINGTON CT 06032	1.4 CITY-ST-ZIP	Farmington, CT 06032
TITLE	DC	2.1 TITLE	D/C/CEO
NAME	BECKER, W MARSTON	2.2 NAME	
STREET ADDRESS	9 FARM SPRINGS DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	FARMINGTON CT 06032	2.4 CITY-ST-ZIP	
TITLE	DC	3.1 TITLE	VP
NAME	GRUBER, ALAN R	3.2 NAME	James W. Webb
STREET ADDRESS	800 5TH AVE	3.3 STREET ADDRESS	9 Farm Springs Road
CITY-ST-ZIP	NY NY 10020	3.4 CITY-ST-ZIP	Farmington, CT 06032
TITLE	DC	4.1 TITLE	D/VC
NAME	OKARMA, THOMAS M	4.2 NAME	
STREET ADDRESS	2959 MONTEREY/SALINAS HWY	4.3 STREET ADDRESS	
CITY-ST-ZIP	MONTEREY CA 93940	4.4 CITY-ST-ZIP	
TITLE	P	5.1 TITLE	
NAME	BRANTON, MICHAEL A	5.2 NAME	
STREET ADDRESS	100 CAPITOLA DR #104	5.3 STREET ADDRESS	
CITY-ST-ZIP	DURHAM NC 27713	5.4 CITY-ST-ZIP	
TITLE	VS	6.1 TITLE	D/SVP/GC/AS
NAME	MALONEY, MICHAEL P	6.2 NAME	
STREET ADDRESS	800 5TH AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	NY NY 10020	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.

SIGNATURE:

James W. Webb

James W. Webb, Vice President 14 April 98 (860) 674-6600

CR2E034 (10/97)