

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90070 041 ***150.00

DOCUMENT # F97000000411

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/24/1997

4. FEI Number

06-1459318

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 the current year intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 9 Farm Springs Road

2a. Mailing Address

26 9 Farm Springs Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VPT	<input type="checkbox"/> DELETE
NAME	NYMAN, CRAIG A	
STREET ADDRESS	9 FARM SPRINGS DR	
CITY-ST-ZIP	FARMINGTON CT 06032	
TITLE	DCEO	<input type="checkbox"/> DELETE
NAME	BECKER, W MARSTON	
STREET ADDRESS	9 FARM SPRINGS DR	
CITY-ST-ZIP	FARMINGTON CT 06032	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	WEBB, JAMES W	
STREET ADDRESS	9 FARM SPRINGS ROAD	
CITY-ST-ZIP	FARMINGTON CT 06032	
TITLE	DVC	<input type="checkbox"/> DELETE
NAME	OKARMA, THOMAS M	
STREET ADDRESS	2959 MONTEREY/SALINAS HWY	
CITY-ST-ZIP	MONTEREY CA 93940	
TITLE	P	<input type="checkbox"/> DELETE
NAME	BRANTON, MICHAEL A	
STREET ADDRESS	100 CAPITOLA DR #104	
CITY-ST-ZIP	DURHAM NC 27713	
TITLE	DSVP	<input checked="" type="checkbox"/> DELETE
NAME	MALONEY, MICHAEL P	
STREET ADDRESS	600 5TH AVE	
CITY-ST-ZIP	NY NY 10020	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	9 Farm Springs Road
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	9 Farm Springs Road
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	D/EVP/AS
6.3 STREET ADDRESS	John J. McCann
6.4 CITY-ST-ZIP	9 Farm Springs Road Farmington, CT 06032

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, with all other like empowered.

SIGNATURE:

James W. Webb
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James W. Webb

Date

Daytime Phone #

27 April 99 (860) 674-2512

CR2E034 (11/98)