

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**  
**Mar 10, 1999 8:00 am**  
**Secretary of State**

03-10-1999 90165 020 \*\*\*150.00

DOCUMENT # F97000000557

1. Corporation Name

PCS MANAGEMENT CORP.



Principal Place of Business

3 GREENWICH OFFICE PARK  
GREENWICH CT 06831

Mailing Address

3 GREENWICH OFFICE PARK  
GREENWICH CT 06831

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/03/1997

4. FEI Number

56-1209092

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be

Trust Fund Contribution

Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	JAMES, CATHERINE B	
STREET ADDRESS	TWO OAKWOOD LANE	
CITY-ST-ZIP	GREENWICH CT 06830	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	SPECTOR, RANDY B	
STREET ADDRESS	6 BARN SWALLOW DROVE	
CITY-ST-ZIP	WESTPORT CT 06880	
TITLE	EVP	<input checked="" type="checkbox"/> DELETE
NAME	BARNEY, ROBERT F	
STREET ADDRESS	76 SEMINARY ST	
CITY-ST-ZIP	NEW CANAAN CT 06840	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	KEATS, ELLEN	
STREET ADDRESS	42 PERKINS RD	
CITY-ST-ZIP	GREENWICH CT 06830	
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	PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	FORREST WILLIAM	
1.3 STREET ADDRESS	3 GREENWICH OFFICE PARK	
1.4 CITY-ST-ZIP	GREENWICH, CT 06831	
2.1 TITLE	TREASURER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	HALL, RICHARD L	
2.3 STREET ADDRESS	125 STEEPLECHASE ROAD	
2.4 CITY-ST-ZIP	ROCKY MOUNT, NC 27804	
3.1 TITLE	EXEC VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	BIMKIDS, MARK	
3.3 STREET ADDRESS	1002 FOXBORO LANE	
3.4 CITY-ST-ZIP	NORWALK, CT 06850	
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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)