

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

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Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90112 024 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F98000000734

1. Corporation Name

PHOENIX REALTY EQUITY INVESTMENTS, INC.

Principal Place of Business

Mailing Address

38 PROSPECT STREET
HARTFORD CT 06115

38 PROSPECT STREET
HARTFORD CT 06115

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/06/1998

4. FEI Number

06-145117

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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	CARTER, JAMES	
STREET ADDRESS	38 PROSPECT STREET	
CITY-ST-ZIP	HARTFORD CT	
TITLE	S	<input type="checkbox"/> DELETE
NAME	FLEMING, LAURENCE P	
STREET ADDRESS	ONE AMERICAN ROW	
CITY-ST-ZIP	HARTFORD CT	
TITLE	T	<input type="checkbox"/> DELETE
NAME	SEARFOSS, DAVID W	
STREET ADDRESS	ONE AMERICAN ROW	
CITY-ST-ZIP	HARTFORD CT	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FIONDELLA, ROBERT W	
STREET ADDRESS	ONE AMERICAN ROW	
CITY-ST-ZIP	HARTFORD CT	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCLOUGHLIN, PHILIP R	
STREET ADDRESS	56 PROSPECT STREET	
CITY-ST-ZIP	HARTFORD CT	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	EMANUEL, GEOFFREY S	
STREET ADDRESS	38 PROSPECT STREET	
CITY-ST-ZIP	HARTFORD CT	

1.1 TITLE	Executive VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Hartgan, Michael J	
1.3 STREET ADDRESS	38 prospect street	
1.4 CITY-ST-ZIP	Hartford, CT 06115-0479	
2.1 TITLE	Executive VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Kusan Alan S	
2.3 STREET ADDRESS	38 Prospect Street	
2.4 CITY-ST-ZIP	Hartford, CT 06115-0479	
3.1 TITLE	Senior VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Grzybala, Peter C	
3.3 STREET ADDRESS	38 Prospect St	
3.4 CITY-ST-ZIP	Hartford, CT 06115-0479	
4.1 TITLE	Senior VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Maryna James G.	
4.3 STREET ADDRESS	38 Prospect St	
4.4 CITY-ST-ZIP	Hartford, CT 06115-0479	
5.1 TITLE	Senior VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Murphy Brian T	
5.3 STREET ADDRESS	38 Prospect St	
5.4 CITY-ST-ZIP	Hartford, CT 06115-0479	
6.1 TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Greer Pamela J	
6.3 STREET ADDRESS	38 Prospect St	
6.4 CITY-ST-ZIP	Hartford, CT 06115-0479	

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: *X Brian T. Murdy*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Brian T. Murdy

2-5-99

Date

860-403-5684

Daytime Phone #

CR2E034 (11/98)