## 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

## DOCUMENT # F9800003529

1. Corporation Name

TRADING & TRANSPORTATION MANAGEMENT, INC.

## **FILED** Mar 31, 1999 8:00 am Secretary of State

03-31-1999 90014 050 \*\*\*150.00

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Principal Place of Business Mailing Address							
ONE GREENWICH PLAZA ONE GREENWICH PLAZA							
GREENWICH CT 06830 GREENWICH CT 06830					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed		
					06/22/1998		
2. Principal Place of Business 2a. Mailing Address				7) (	4. FEI Number Applied For		
21 59 COMMERCE ROAD 26 58 COMMENCE				KOBO	22-3042823   Not Applicable		
Suite, Apt. #, etc. Suite, Apt. #, etc.				<b>&gt;</b>	5 On History of Status Positrod Desired Additional		
22 27					Fee Required		
City & State City & State			_		6. Election Campaign Financing \$5.00 May Be		
			Country	7 .	Trust Fund Contribution Added to Fees		
					8. This corporation owes the current year Intangible Personal Property Tax.  Yes No		
24 06	Anna .	V:			10. Name and Address of New Registered Agent		
9. Name and Address of Current Registered Agent 81 Name							
C T CORPORATION SYSTEM				82 Street Address (P.O. Box Number is Not Acceptable)			
1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				Sireer	Address (P.O. Box Number is Not Acceptable)		
PLAN	HAHON FL 33324		83		,		
l			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							
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby 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 Agen				nt signature re	required when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
12.	OFFICERS AND DIRECTORS 13.  PD □ DELETE 1.1.1		1.1 TITLE		ADDITIONS CHARGES TO CITIZENS AND BINES OF THE		
TITLE	PETERSON, CARL E	□ beceive	1.2 NAME				
NAME	ONE GREENWICH PLAZA			TADDRESS	58 Commence ROAD		
STREET ADDRESS	GREENWICH CT 06830		1.4 CITY-S		STAMFORD CT 06902		
CITY-ST-ZIP TITLE	V	☐ DELETE	2.1 TITLE	1-21-	Change Addition		
NAME	PAPISH, CLIFFORD	_	2.2 NAME				
STREET ADDRESS	ONE GREENWICH PLAZA			T ADDRESS	58 Commerce ROAD		
-City-St-Zip-	GREENWICH CT-06830		2. 4 CITY-5		STANFORD OF 04902		
TITLE	STD	☐ DELETE	3.1 TITLE		Change Addition		
NAME	GOLDSTEIN, MICHAEL A		3.2 NAME				
STREET ADDRESS	ONE GREENWICH PLAZA		3.3 STREE	T ADDRESS	58 Commerce Ross		
CITY-ST-ZIP	GREENWICH CT 06830		3.4. CITY-5	ST-ZIP	STANFORD CT. 06902		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition		
NAME .	MESSER, DAVID		4. 2 NAME				
STREET ADDRESS	ONE GREENWICH PLAZA		4.3 STREE	TADDRESS			
CITY-ST-ZIP	GREENWICH CT 06830		4.4 CITY-S	T-ZIP	STANFORD CT 06902		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Charige ☐ Addition		
NAME	GALLIPOLI, FRANK		5.2 NAME		58 COMMENCE RUAR STANFORD OF 04902 CHange CARdition		
STREET ADDRESS	ONE GREENWICH PLAZA			TADDRESS	58 COMMENCE NOTICE		
CITY-ST-ZIP	GREENWICH CT 06830		5.4 CITY-S	T-ZIP	STANFORD ET. 06902		
TITLE		☐ DELETE	6.1 TITLE		CFO Change Addition		
NAME			6.2 NAME		Marph Toduno		
STREET ADDRESS		,	6.3 STREE	T ADDRESS	58 CONNENCE MOACL		
,					1 - A- A		

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.

ISISOMUTURIS DE SUIRED AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR