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Apr 28, 1999 8:00 am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # F98000005368

1. Corporation Name
ANGRAM, INC.

Principal Place of Business

257 MAIN STREET
SUITE ONE
TORRINGTON CT 06790

Mailing Address

257 MAIN STREET
SUITE ONE
TORRINGTON CT 06790

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/24/1998

4. FEI Number

13-3819687

Applied For
No 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 4114 Northlake Blvd

Suite, Apt. #, etc.

22 Suite 302

City & State

23 Palm Beach Gardens, FL

Zip

24 33410

Country

2a. Mailing Address

26 4114 Northlake Blvd

Suite, Apt. #, etc.

27 Suite 302

City & State

28 Palm Beach Gardens, FL

Zip

29 33410

Country

30

9. Name and Address of Current Registered Agent

WHELIHAN, JOSEPH
4114 NORTHLAKE BLVD., SUITE 302
PALM BEACH GARDENS FL 33410

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 CDV ☐ DELETE

NAME TASCOS, FRANK
STREET ADDRESS 1166 AVE OF THE AMERICAS 43RD FLOOR
CITY-ST-ZIP NEW YORK NY 10036

TITLE DAS ☐ DELETE

NAME SALLYARD, ROBERT
STREET ADDRESS 530 MULBERRY LANE
CITY-ST-ZIP HAVERFORD PA 19041

TITLE DCOT ☐ DELETE

NAME CORDANI, JOSEPH
STREET ADDRESS 257 MAIN STREET
CITY-ST-ZIP TORRINGTON CT 06790

TITLE DCEO ☐ DELETE

NAME WHELIHAN, JOSEPH T
STREET ADDRESS 4114 NORTHLAKE BLVD., SUITE 302
CITY-ST-ZIP PALM BEACH GARDENS FL 33410

TITLE D ☐ DELETE

NAME KENDRICK, CLINTON J
STREET ADDRESS 430 PARK AVE 6TH FLOOR
CITY-ST-ZIP NEW YORK NY 10022

TITLE D ☐ DELETE

NAME TESE, VINCENT
STREET ADDRESS 245 PARK AVE, 3RD FLOOR
CITY-ST-ZIP NEW YORK NY 10167

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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)