

FILE NOW: FILING FEE AFTER MAY 1 IS

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

FILED May 13 1997 8:00am Secretary of State

DOCUMENT # H48972 (4) 1. Corporation Name CITRAM INC.

Principal Place of Business 10 WESTPORT ROAD WILTON CT 06897 US Mailing Address 10 WESTPORT ROAD WILTON CT 06897 US

3. Date Incorporated or Qualified 03/26/1985 3a. Date of Last Report 4/30/96

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 2a. Mailing Address 26 Attn: Corp. Tax Dept.

4. FEI Number 59-2527877 Applied For Not Applicable

22 10 Westport Road 27 City & State 28 Wilton, CT

5. Certificate of Status Desired \$8.75 Additional Fee Required

23 Zip 24 Country 25 29 06897-0810 30 US

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

24 25 29 06897-0810 30 US

8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No

g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM 1200 S. 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

Table with 2 columns: 12. OFFICERS AND DIRECTORS (Title, Name, Street Address, City-ST-ZIP) and 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (1.1-1.4, 2.1-2.4, 3.1-3.4, 4.1-4.4, 5.1-5.4, 6.1-6.4)

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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.

SIGNATURE: [Signature] President 4/30/97 (203) 761-2000 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR034 (12/96)