
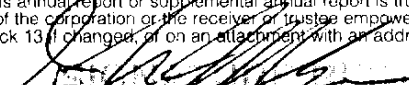


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
Feb 13 1997 8:00am  
Secretary of State

|   |                               |  |   |  |   |
|---|-------------------------------|--|---|--|---|
| PROFIT CORPORATION ANNUAL REPORT 1997   |                               |   |   | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |   |
| DOCUMENT # H55333 (9)   |                               |  |   |  |   |
| 1. Corporation Name<br>DANBURY BUILDINGS, INC.  |                               |  |   |  |   |
| Principal Place of Business<br>% PAUL VANCE, CUMMINGS & LOCKWOOD<br>10 STAMFORD FORUM<br>STAMFORD CT 06904  |                               |  | Mailing Address<br>% PAUL VANCE, CUMMINGS & LOCKWOOD<br>10 STAMFORD FORUM<br>STAMFORD CT 06901-3240 |  |   |
| 2. Principal Place of Business<br>21  |                               | 2a. Mailing Address<br>26  |   | 3. Date Incorporated or Qualified<br>05/06/1985  |   |
| Suite, Apt. #, etc.<br>22   |                               | Suite, Apt. #, etc.<br>27  |   | 3a. Date of Last Report<br>04/25/1996  |   |
| City & State<br>23  |                               | City & State<br>28   |   | 4. FEI Number<br>93-0950321  |   |
| Zip<br>24   |                               | Country<br>25  |   | Applied For<br>Not Applicable  |   |
| 29  |                               | 30   |   | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required           |   |
| 9. Name and Address of Current Registered Agent<br>JOHNSTON, SHEPHERD D.<br>220 CONGRESS PARK DR.<br>SUITE 215<br>DELRAY BCH. FL 33445  |                               | 10. Name and Address of New Registered Agent<br>81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>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<br>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   | D                             | <input type="checkbox"/> DELETE  | 1.1 TITLE   | D  | Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME  | MANN, HUGO                    |  | 1.2 NAME  | Detlev Staecker  |   |
| STREET ADDRESS  | 200 S VIRGINIA ST #530        |  | 1.3 STREET ADDRESS  | 201 Cranlon Blvd, #444   |   |
| CITY-ST-ZIP   | RENO NV                       |  | 1.4 CITY-ST-ZIP   | Key Biscayne, Miami FL 33149   |   |
| TITLE   | D                             | <input type="checkbox"/> DELETE  | 2.1 TITLE   | Director   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition          |
| NAME  | MANN, JOHANNES                |  | 2.2 NAME  | Peter Linneman   |   |
| STREET ADDRESS  | 200 S VIRGINIA ST #530        |  | 2.3 STREET ADDRESS  | 233 South Sixth St, #801   |   |
| CITY-ST-ZIP   | RENO NV                       |  | 2.4 CITY-ST-ZIP   | Philadelphia, PA 19106   |   |
| TITLE   | PVC                           | <input type="checkbox"/> DELETE  | 3.1 TITLE   | VP   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition          |
| NAME  | JOHNSTON, SHEPHERD D.         |  | 3.2 NAME  | Stephen T. Falvey  |   |
| STREET ADDRESS  | 200 S VIRGINIA ST #530        |  | 3.3 STREET ADDRESS  | 200 S Virginia St, #530  |   |
| CITY-ST-ZIP   | RENO NV                       |  | 3.4 CITY-ST-ZIP   | Reno, NV 89501   |   |
| TITLE   | SVT                           | <input type="checkbox"/> DELETE  | 4.1 TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                     |
| NAME  | SPEAR, JOHN M.                |  | 4.2 NAME  |  |   |
| STREET ADDRESS  | 200 S VIRGINIA ST #530        |  | 4.3 STREET ADDRESS  |  |   |
| CITY-ST-ZIP   | RENO NV                       |  | 4.4 CITY-ST-ZIP   |  |   |
| TITLE   | D                             | <input type="checkbox"/> DELETE  | 5.1 TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                     |
| NAME  | KEATING, MELVIN L             |  | 5.2 NAME  |  |   |
| STREET ADDRESS  | 5509 N MILITRAY TRAIL STE 516 |  | 5.3 STREET ADDRESS  |  |   |
| CITY-ST-ZIP   | BOCA RATON FL                 |  | 5.4 CITY-ST-ZIP   |  |   |
| TITLE   | D                             | <input type="checkbox"/> DELETE  | 6.1 TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                     |
| NAME  | FIRNGES, HANS H.              |  | 6.2 NAME  |  |   |
| STREET ADDRESS  | 200 S VIRGINIA ST #530        |  | 6.3 STREET ADDRESS  |  |   |
| CITY-ST-ZIP   | RENO NV                       |  | 6.4 CITY-ST-ZIP   |  |   |

14. I do 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.

SIGNATURE:  2-7-97

CR2E034 (9/96)