

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J39126 (4)

1. Corporation Name

RVR CAPITAL CORP.



Principal Place of Business

Mailing Address

C/O REAL VEST CORP.
500 SUMMER ST.
STAMFORD CT 06901
US

C/O REAL VEST CORP.
500 SUMMER ST.
STAMFORD CT 06901
US

3. Date Incorporated or Qualified

10/23/1986

3a. Date of Last Report

04/28/1995

4. FEI Number

58-1721600

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 has liability for intangible tax under s 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 C/O Real Vest Corp
778 Long Ridge Road

26 C/O Real Vest Corp
778 Long Ridge Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 Stamford, CT

28 Stamford, CT

Zip Country

Zip Country

24 06902 25 USA

29 06902 30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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 is required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP ☐ DELETE
NAME GARY, DONALD A.
STREET ADDRESS 500 SUMMER STREET
CITY-ST-ZIP STAMFORD CT

1.1 TITLE DP ☒ Change ☐ Addition
1.2 NAME Gary, Donald A.
1.3 STREET ADDRESS 778 Long Ridge Road
1.4 CITY-ST-ZIP Stamford, CT 06902

TITLE DS ☐ DELETE
NAME PUSTILNIK, KENNETH K.
STREET ADDRESS 500 SUMMER ST
CITY-ST-ZIP STAMFORD CT

2.1 TITLE DS ☒ Change ☐ Addition
2.2 NAME Pustilnik, Kenneth K.
2.3 STREET ADDRESS 778 Long Ridge Road
2.4 CITY-ST-ZIP Stamford, CT 06902

TITLE AS ☐ DELETE
NAME ERICKSON, DIANE R.
STREET ADDRESS 11 BURR ST
CITY-ST-ZIP STAMFORD CT

3.1 TITLE AS ☒ Change ☐ Addition
3.2 NAME Erickson, Diane R.
3.3 STREET ADDRESS 778 Long Ridge Road
3.4 CITY-ST-ZIP Stamford, CT 06902

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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)(k), 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Donald A. Gary 4/17/96 203-348-3500

Date

Daytime Phone #

CR2E034 (12/95)