FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Mar 25 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **J39126** **(4)**

1. Corporate Name
RVR CAPITAL CORP.

Principal Place of Business
% REAL VEST CORP.
778 LONG RIDGE ROAD
STAMFORD CT 06902
US

Mailing Address
% REAL VEST CORP.
778 LONG RIDGE ROAD
STAMFORD CT 06902-1227
US

3. Date Incorporated or Qualified: **10/23/1986**
3a. Date of Last Report: **04/24/1996**

2. Principal Place of Business
21 | Suite, Apt. #, etc. 22 | City & State 23 **Stamford, CT** | Zip 24 | Country 25

2a. Mailing Address
26 | Suite, Apt. #, etc. 27 | City & State 28 **Stamford, CT** | Zip 29 | Country 30

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

9. Name and Address of Current Registered Agent
THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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 _____ (NOTE: Registered Agent's signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	**DP**	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	**GARY, DONALD A.**		1.2 NAME	
STREET ADDRESS	**778 LONG RIDGE ROAD**		1.3 STREET ADDRESS	
CITY-ST-ZIP	**STAMFORD CT**		1.4 CITY-ST-ZIP	
TITLE	**DS**	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	**PUSTILNIK, KENNETH K.**		2.2 NAME	
STREET ADDRESS	**778 LONG RIDGE ROAD**		2.3 STREET ADDRESS	
CITY-ST-ZIP	**STAMFORD CT**		2.4 CITY-ST-ZIP	
TITLE	**AS**	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	**ERICKSON, DIANE R.**		3.2 NAME	
STREET ADDRESS	**778 LONG RIDGE ROAD**		3.3 STREET ADDRESS	
CITY-ST-ZIP	**STAMFORD CT**		3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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 added on an attachment with an address.

SIGNATURE: _____ Donald A. Gary 3/20/97 203-348-3500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #