

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

102

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # K18518 (6)

1. Corporation Name
6900 CORP.



Principal Place of Business
ATTN: JOSEPHINE MILLER
260 LONG RIDGE ROAD
STAMFORD CT 06927
US

Mailing Address
P.O. BOX 8109
STAMFORD CT 06927

3. Date Incorporated or Qualified 03/18/1988	3a. Date of Last Report 12/29/1995
4. FEI Number 65-0037955	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Dept. 8109 27 260 Long Ridge Rd. 28 Stamford, Ct 06927-9621 29 Zip 30 Country
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9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
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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		DATE	
Signature, typed or printed name of registered agent and not a shareholder		(If not a Registered Agent, signature required when filing this form)	
12. OFFICERS AND DIRECTORS			
TITLE	P	<input type="checkbox"/> DELETE	
NAME	FRAIZER, MIKE		
STREET ADDRESS	292 LONG RIDGE ROAD		
CITY - ST - ZIP	STAMFORD CT 06927		
TITLE	V	<input type="checkbox"/> DELETE	
NAME	MARTINDALE, DAVID R		
STREET ADDRESS	292 LONG RIDGE ROAD		
CITY - ST - ZIP	STAMFORD CT 06927		
TITLE	VS	<input type="checkbox"/> DELETE	
NAME	HENRY, DAVID B		
STREET ADDRESS	292 LONG RIDGE ROAD		
CITY - ST - ZIP	STAMFORD CT 06927		
TITLE	AS	<input type="checkbox"/> DELETE	
NAME	DELUJA, PATRICIA A		
STREET ADDRESS	292 LONG RIDGE ROAD		
CITY - ST - ZIP	STAMFORD CT 06927		
TITLE	T	<input type="checkbox"/> DELETE	
NAME	AMBLE, JOAN C		
STREET ADDRESS	292 LONG RIDGE ROAD		
CITY - ST - ZIP	STAMFORD CT 06927		
TITLE	V	<input type="checkbox"/> DELETE	
NAME	BUCKLEY, ROBERT J		
STREET ADDRESS	777 LONG RIDGE ROAD		
CITY - ST - ZIP	STAMFORD CT 06927		
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
SEE ATTACHED			
400001779864 -04/15/96--01037--010 ***200.00			

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert J. Buckley 4/8/96

2023574544

CR2E034 (12/95)

4/3/96

681

6900 Corp.
65-0037955

Name	Title	Business Address
David B. Henry	Director	260 Long Ridge Road Stamford CT 06927
Michael D. Frazier	Director	260 Long Ridge Road Stamford CT 06927
Robert E. Pfeiffer	Director	260 Long Ridge Road Stamford CT 06927
Michael D. Frazier	President	260 Long Ridge Road Stamford CT 06927
David B. Henry	Vice President	260 Long Ridge Road Stamford CT 06927
D. R. Martindale	Vice President	260 Long Ridge Road Stamford CT 06927
Robert E. Pfeiffer	Vice President	260 Long Ridge Road Stamford CT 06927
David B. Henry	Secretary	260 Long Ridge Road Stamford CT 06927
Patricia A. DeLuca	Assistant Secretary	260 Long Ridge Road Stamford CT 06927
Joan C. Ambler	Treasurer	260 Long Ridge Road Stamford CT 06927
Robert J. Buckley	Vice President	777 Long Ridge Road Stamford CT 06927
Gary J. Schulman	Assistant Treasurer	777 Long Ridge Road Stamford CT 06927