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May 06 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 # K18518 (6)

1. Corporation Name:
6900 CORP.



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

Mailing Address
DEPT 8109
260 LONG RIDGE RD.
STAMFORD CT 06927-1600

3. Date Incorporated or Qualified 03/18/1988
3a. Date of Last Report 04/14/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number
65-0037955

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

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH 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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME FRAIZER, MIKE
STREET ADDRESS 292 LONG RIDGE ROAD
CITY-ST-ZIP STAMFORD CT 06927 ☐ DELETE

1.1 TITLE ASST. TREASURER - TAXES
1.2 NAME GARY T. Schulman
1.3 STREET ADDRESS 260 LONG RIDGE ROAD
1.4 CITY-ST-ZIP STAMFORD, CT 06927-9622 ☐ Change ☒ Addition

TITLE V
NAME MARTINDALE, DAVID R
STREET ADDRESS 292 LONG RIDGE ROAD
CITY-ST-ZIP STAMFORD CT 06927 ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE VS
NAME HENRY, DAVID B
STREET ADDRESS 292 LONG RIDGE ROAD
CITY-ST-ZIP STAMFORD CT 06927 ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE AS
NAME DELUIA, PATRICIA A
STREET ADDRESS 292 LONG RIDGE ROAD
CITY-ST-ZIP STAMFORD CT 06927 ☐ DELETE

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

TITLE T
NAME AMBLE, JOAN C
STREET ADDRESS 292 LONG RIDGE ROAD
CITY-ST-ZIP STAMFORD CT 06927 ☐ DELETE

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

TITLE V
NAME BUCKLEY, ROBERT J
STREET ADDRESS 777 LONG RIDGE ROAD
CITY-ST-ZIP STAMFORD CT 06927 ☒ DELETE

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-97

203-359-4544

Date

Daytime Phone #

CR2E034 (9/96)