

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90016 043 ***150.00

DOCUMENT # K18518

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 06927-9621

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/18/1988

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

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

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	ATT	<input type="checkbox"/> DELETE
NAME	SCHULMAN, GARY J	
STREET ADDRESS	260 LONG RIDGE RD.	
CITY-ST-ZIP	STAMFORD CT	

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	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	ATT John Amato
6.3 STREET ADDRESS	260 Long Ridge Road
6.4 CITY-ST-ZIP	Stamford, CT 06927

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

203-357-4544

Date

Daytime Phone #

CR2E034 (11/98)