SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, ~~1995~~ 1996
AMOUNT DUE ON OR BEFORE 8/9/~~95~~ 96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1996 ~~1995~~

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

DOCUMENT # K56845

1. Corporation Name

MML #1 PARTNERSHIP CORP.

Principal Place of Business: 1764 Litchfield Turnpike, Woodbridge, CT 06525
Mailing Address: 1764 Litchfield Tnpk., Woodbridge, CT 06525

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 1/10/89
3a. Date of Last Report: 4/24/95
4. FEI Number: 06-1257942 — [ ] 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 [X] No

2. Principal Place of Business	2a. Mailing Address
21 1764 Litchfield Tnpk.	26 1764 Litchfield Tnpk.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Woodbridge, CT	City & State 28 Woodbridge, CT
Zip 24 06525 — Country 25	Zip 29 06525 — Country 30

9. Name and Address of Current Registered Agent

Corporation Information Services, Inc.
1201 Hayes St.
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 ______ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	President/Director
NAME	Marvin Lender
STREET ADDRESS	1764 Litchfield Turnpike
CITY-ST-ZIP	Woodbridge, CT 06525
TITLE	Vice President/Director
NAME	Murray Lender
STREET ADDRESS	1764 Litchfield Turnpike
CITY-ST-ZIP	Woodbridge, CT 06525
TITLE	Secretary
NAME	Arthur S. Sachs
STREET ADDRESS	700 State Street
CITY-ST-ZIP	New Haven, CT
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE		[ ] Change [ ] Addition
1 2 NAME		
1 3 STREET ADDRESS		
1 4 CITY-ST-ZIP		
2 1 TITLE		[ ] Change [ ] Addition
2 2 NAME		
2 3 STREET ADDRESS		
2 4 CITY-ST-ZIP		
3 1 TITLE	Secretary	[X] Change [ ] Addition
3 2 NAME	Richard Berkowitz	
3 3 STREET ADDRESS	253 Post Road West	
3 4 CITY-ST-ZIP	Westport, CT 06880	
4 1 TITLE	Assistant Secretary	[ ] Change [X] Addition
4 2 NAME	Howard D. Komisar	
4 3 STREET ADDRESS	253 Post Road West	
4 4 CITY-ST-ZIP	Westport, CT 06880	
5 1 TITLE		[ ] Change [ ] Addition
5 2 NAME		
5 3 STREET ADDRESS		
5 4 CITY-ST-ZIP		
6 1 TITLE		[ ] Change [ ] Addition
6 2 NAME		
6 3 STREET ADDRESS		
6 4 CITY-ST-ZIP		

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CR2E034 (3/95)

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 on an attachment with an address.

SIGNATURE: ______ 2/29/96 (203) 226-1001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Richard Berkowitz Secretary 56 37-46