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

.\*PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Suite Apr. # etc.   Suit		1997			CORPORATIONS	Secreta	ry of State
Principal Place of Baroness  S. ThOUSON REVISIONAL STATEMENT, INC. STATEMENT OF CORRESPONDERS IN MASKING MORNING MARKS INC. STATEMENT OF CORRESPONDERS INC. ST	1. Corporati	ion Name		(9)			
STHOUSON NEWSPHIRT, INC.  I STATION PLACE STANFORD OF DESC  STANFORD OF DESC  2. Principal Factor of Instances 2. Principal Factor of Instances 3. Date Incorporated or Qualified 06/30/1988  4. Felt Number Applied 2. Principal Factor of Instances 3. Date Incorporated or Qualified 06/30/1988  4. Felt Number Applied 2. Principal Factor of Instances 3. Date Incorporated or Qualified 06/30/1988  4. Felt Number Applied 3. Date Incorporated or Qualified 06/30/1988  4. Felt Number Applied 3. Date Incorporated or Qualified 06/30/1988  4. Felt Number Applied 3. Date Incorporated or Qualified 06/30/1988  4. Felt Number 3. Date Incorporated or Qualified 06/30/1988  4. Felt Number 3. Date Incorporated or Qualified 3. Date Incorporated or Qualified 06/30/1988  4. Felt Number 3. Date Incorporated or Qualified 06/30/1988  4. Felt Number 3. Date Incorporated or Qualified 3. Date Incorporated or Qualified 06/30/1988  4. Felt Number 3. Date Incorporated or Qualified 3. Date Incorporated or Qualified 06/30/1988  4. Felt Number 3. Date Incorporated or Qualified 3. Date Incorporated or Qualified 3. Date Incorporated or Qualified 06/30/1988  4. Felt Number 3. Date Incorporated or Qualified 3. Date Incorporate Or Qualified 3. Date Incorporate Or Qualified 3. Date Incorporate Or Qualified 3. Date Incor			110.			1 11 <b>1 (11 )</b> 1   11   11   11   11   11   11	8/8/0 E1801 B1804 B18/0 B18/0 B18/0 18/8/
STANFORD PLOES   STANFORD CT 09502   STANFORD CT 09502   SEP PLANES II. 80018-4005   US   STANFORD CT 09503/1988   OA/20/1998   OA	Principal Pla	ice of Business	Mailir	ng Address			
STAMPORD CT 05022   DES PLANES IL 60018-4005   S. Date Incorporated or Qualified   Sa. Date of Lest Report (0,630)1988   O,630)1988					RS. INC.		
2. Principal Polace of England State April # etc. 2. Principal Polace of England State April # etc. 2. Suite 105 3. Suite April # etc. 3. Suite April # et	j				06		
2. Suite April in etc. 3. This corporation is bability to intengible tax under in 190 ( 2. Suite April in etc. 3. Suite April in etc. 3. Suite 105 3. TALLAHASSEE FL 32301  3. Suite April in etc. 3. Suite 105 3. Suite April in etc. 3. Suite April in etc			US			•	1
Size Apt it do  22 27 28 29 29 29 20 20 20 20 20 20 20 20 20 20 20 20 20		Place of Business	2a, M	ailing Address	r. One Station l	4. FEI Number	Applied For Not Applicable
22   27   Charley   28   State   29   Charley   2	Suite Ap	et # etc	Si	Suite, Apt. #, etc.			\$8.75 Additional
24   28   Country   Country   Added to Fee   24   29   Country   28   29   Country   29   29   29   29   29   29   29   2		a*e					Fee Required
PRENTICE HALL CORPORATION SYSTEM, INC.  1201 HAYS ST.  SUITE 105  TALLAHASSEE FL 32301  83  84 City  FL Bs Zip Code  TALLAHASSEE FL 32301  81  82 Street Address (P.O. Box Number is Not Acceptable)  83  84 City  FL Bs Zip Code  TALLAHASSEE FL 32301  85  14 City  FL Bs Zip Code  TALLAHASSEE FL 32301  86  87  TALLAHASSEE FL 32301  87  TALLAHASSEE FL 32301  87  TALLAHASSEE FL 32301  88  89  80  80  80  80  80  80  80  80	23						Added to Fees
9. Name and Address of Current Registered Agent  PRENTICE HALL CORPORATION SYSTEM, INC. 1201 HAYS ST. SUITE 105 TALLAHASSEE FL 32301  83 84 City FL  B5 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 regist office of registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the orthogenous of Section 607 0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its regist office of registered agent, and accept the orthogenous of Section 607 0505, Florida Statutes.  SIGNATURE  12. OF FICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1. INTRI-  12. NAME  12. OF FICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1. INTRI-  12. NAME  13. STREET ADDRESS  14. City ST. 2P  15. SQUEEN ST.  15. STATION PLACE  15. STAMFORD CT 06902  16. STAMFORD CT 06902  17. Change  18. STAMFORD CT 06902  18. STAMFORD CT			·		Country Field	· · · · · · · · · · · · · · · · · · ·	
Street Address (P.O. Box Number is Not Acceptable)	[24]		1721		1801		/
SUTE 105 TALLAHASSEE FL 32301  83  84 City FL B5 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 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 regist agent. Lam Landlar with, and accept the obligations of Section 607.0505, Florida Statutes.  SKGNATURE  12. OF FIGERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1  11. Purpose DP  NAMP  NAMP  HARRINGTON, R.J.  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1  12. OF FIGERS AND DIRECTORS 13. STREET ADDRESS 65. QUEEN ST.  14. City St. 72  Change  14. City  14. City  15. Change  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1  16. F. V.  16. Change  17. Change  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1  19. MARRINGTON, R.J.  19. Change  19. Change  19. Change  10. St. 72  10. St. 74  10. Change  10. St. 74  10. Change  10.	PR	RENTICE HALL CORPO	RATION SYSTEM, IN	C.	81 Name		
TALLAHASSEE FL 32301    84   City   FL   85   Zip Code	1201 HAYS ST. 82 Str					ddress (P.O. Box Number is Not Acceptate	ole)
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 regist office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. Thereby accept the appointment as regist agent. Tain familiar with, and accept the obligations of Section 607 0505, Florida Statutes.  SKSNATURE  SKSNATURE  STATE Agents (Sections of Section 607 0505, Florida Statutes).  (NOTE Registred Agent signature required when reclaiming).  DATE  DATE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  65 QUEEN ST.  TORONTO ONTARIO CANADA  1.4 CITY-ST-2P  STAMFORD CT 06902  TORONTO ONTARIO CANADA  1.4 CITY-ST-2P  STAMFORD CT 06902  QP  DELETE  1. TITLE  STAMFORD CT 06902  Change  CT 06903  CT			1				
11. Fursion to the processors of Sections 607 05:02 and 607 15:08, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its regist office or requisivered agent, or teach, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as regist office or requisivered agent, or teach, and accept the obligations of Section 607 05:05, Florida Statutes.  SIGNATURE  SIGNATURE  12. OF FIGERIS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1  1911  DP  HARRINGTON, R.J.  65 QUEEN ST.  TORONTO ONTARIO CANADA  11. FURTHER STATION PLACE  STAMFORD CT 06:902  PRIE QP  DELETE  31 TITLE  STATION PLACE  STAMFORD CT 06:902  QP  DELETE  31 TITLE  STATION PLACE  STAMFORD CT 06:902  QP  DELETE  31 TITLE  STAMFORD CT 06:903  Change  A STAMFORD CT  Change  A CHY-SI-ZP  A CHANGES STAMFORD CT  A CHAN	į IA	illanassee fl 32301				489,	
11. Pursuant to the processore of Sections (27 002) and (07 1508, Florida Stuties, the above-named corporation submits this statement for the purpose of changing its regist office or registered agent, or tooth, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as regists of section.  SIGNATURE  SIGNATURE  SIGNATURE  12. OF FICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  14. IT THE DP					84 City		FL 85 Zip Code
SIGNATURE  12. OF FICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN THE PROJECT OF STAND DIRECTORS IN THE PROJECT OF ST	11. Pursuar	it to the provisions of Sec	tions 607.0502 and 607.	1508, Florida Statu	tes, the above-named co	orporation submits this statement for the p	ourpose of changing its registered
SIGNATURE  12. OF FICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN THE PROJECT OF STAND DIRECTORS IN THE PROJECT OF ST	office or agent. I	r registered agent, or both Lam familiar with, and acc	n, in the State of Florida cept the obligations of S	Such change was ection 607.0505, F	authorized by the corpo lorida Statutes.	ration's board of directors. I hereby accep	of the appointment as registered
12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1  11.1 THE  NAME SHARINGTON, R.J.  65 QUEEN ST.  1.3 STREET ADDRESS  CITY ST. 7.2  TORONTO ONTARIO CANADA  1.4 CITY-ST-2PP STAMFORD CT 06902  CITY-ST-2PP THE  RAME STREET ADDRESS STAMFORD CT 06902  TORONTO PLACE STAMF							
THILE  NAM! SHAPI ACORDS STAMFORD CRANADA  TORONTO ONTARIO CANADA  SHELT ADDRESS CHY ST. 2P  TORONTO ONTARIO CANADA  TORONTO O	12.	and a contract of the contract					
STREET ADDRESS   65 QUEEN ST.   TORONTO ONTARIO CANADA   1.3 STREET ADDRESS   1.4 CITY-ST-ZIP   Stamford   CT 06902   Change   A CITY-ST-ZIP   Stamford   CT 06902   A CITY-ST-ZIP   CT 06903	<b>⊢</b> _i						
TORONTO ONTARIO CANADA  TORONTO COMPANY  TORONTO ONTARIO CANADA  TORONTO COMPANY  TORONTO ONTARIO  TORONTO COMPANY  TORONTO ONTARIO  TORONTO ONTARIO  TORONTO COMPANY  TORONTO COMPAN	NAME	HARRINGTON, R.J.	•		1.2 NAME		
THE FLAKE, G.B.  SIBELT ADDRESS  CHY-SLZIP  BAME  SIBELT ADDRESS  CHY-SLZIP  CHANGE  SIBELT ADDRESS  SAME  SACHY-SLZIP  CHANGE  SAME  SACHY-SLZIP  CHANGE  SAME  SACHY-SLZIP  CHANGE  SACHY-SLZIP  SACHY-SLZIP  SACHY-SLZIP  SACHY-SLZIP  CHANGE  SACHY-SLZIP  SACHY-S	STREET ADDRESS				1.0 CHIELTIOPHEOD		
FLAKE, G.B.  SHEFT ADDRESS CHY-ST-ZIP CHY-ST-ZIP CHY-ST-ZIP CHY-ST-ZIP THE  NAMI MARRAFFA, B. STREET ADDRESS CHY-ST-ZIP THE VP DES PLAINES IL  DELETE  1 STATION PLACE  3 STREET ADDRESS CHY-ST-ZIP THE NAMI SHEET ADDRESS CHY-ST-ZIP  DAMES W. SCHROEDER STREET ADDRESS CHY-ST-ZIP  DELETE  1 STATION PLACE  STREET ADDRESS CHY-ST-ZIP  DELETE  1 STATION PLACE  STREET ADDRESS CHY-ST-ZIP  DELETE  1 STATION PLACE  STREET ADDRESS CHY-ST-ZIP  DELETE  5 STREET ADDRESS CHY-ST-ZIP  DELETE  5 STREET ADDRESS CHY-ST-ZIP  DELETE  5 STREET ADDRESS CHY-ST-ZIP  Change  CHY-ST-ZIP  DELETE  5 STREET ADDRESS CHY-ST-ZIP  STREET ADDRESS CHY-ST-ZIP  5 STREET ADDRESS CHY-ST-ZIP		TORONTO ONTAR	IO CANADA			stamford C7 06902	
SHEET ADDRESS CHY-SI-ZIP FILE GP MARRAFFA, B. STREET ADDRESS CHY-SI-ZIP THE VP MAME SIRSET ADDRESS CHY-SI-ZIP NAME SIRSET ADDRESS CHY-SI-ZIP DELETE D	Ĭ	V		L_J DELETE		Vice charles Valed	Change Addition
CHY-SI-ZIP STAMFORD CT 08902  PRIME SP  MARRAFFA, B.  3150 DES PLAINES AVE.  CHY-SI-ZIP  DES PLAINES IL  DELETE  31 TITLE  31 TITLE  32 NAME  Thomas Hay ONE Station Place  34 CHY-SI-ZIP  DELETE  34 CHY-SI-ZIP  VP  DELETE  A1 TITLE  VP  LAME  JAMES W. SCHROEDER  STREELALORESS  GIY-SI-ZIP  A2 NAME  A3 STREELADRESS  GIY-SI-ZIP  A4 CHY-SI-ZIP  DELETE  DELETE  DELETE  52 NAME  A4 CHY-SI-ZIP  DELETE  53 STREELADRESS  CHY-SI-ZIP  DELETE  54 CHY-SI-ZIP  Change  AMM  SIRELLADRESS  CHY-SI-ZIP  DELETE  53 STREELADRESS  54 CHY-SI-ZIP  54 CHY-SI-ZIP  Change  AMM  SIRELLADRESS  54 CHY-SI-ZIP  55 A CHY-SI-ZIP  CHANGE  55 STREELADRESS  54 CHY-SI-ZIP  CHANGE  55 STREELADRESS  54 CHY-SI-ZIP	···				22 NAME		
HAMM  MARRAFFA, B.  STREELADDRESS  CHY-SI-7P  DES PLAINES IL  DES PLAINES IL  DELETE  3.1 TITLE  3.2 NAME  3.3 STREET ADDRESS  A. CHY-SI-7P  DELETE  DELETE  3.4 CHY-SI-7P  DELETE  4.1 TITLE  VP  LESIE 1/AUW  Change  Change	i						
NAME   STREET ADDRESS			<del>502</del>	DELETE	2. 4 CITY - ST - ZIP	STOUTONG CT DISYDE	Change Addition
CHY-SI-7P DES PLAINES IL 34.CHY-SI-7IP DELETE 4.1 TITLE VP Change /  NAMM JAMES W. SCHROEDER 4.2 NAME LESIE 1/0W  STREET ADDRESS STAMFORD CT 4.4 CHY-SI-7IP STAMFORD CT DELETE 5.1 TITLE  NAMM STREET ADDRESS 5.3 STREET A	ł				3.2 NAME	Thomas Hav	<u></u>
CHY-SI-7P DES PLAINES IL 34.CHY-SI-7IP DELETE 4.1 TITLE VP Change /  NAMM JAMES W. SCHROEDER 4.2 NAME LESIE 1/0W  STREET ADDRESS STAMFORD CT 4.4 CHY-SI-7IP STAMFORD CT DELETE 5.1 TITLE  NAMM STREET ADDRESS 5.3 STREET A	i		S AVE.		3.3 STREET ADDRESS	one Station Alace	
NAME STREET ALORESS CITY ST 72  INTE  JAMES W. SCHROEDER 1 STATION PLACE CITY ST 72  DELETE  4.2 HAME 4.2 HAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP  JAMES W. SCHROEDER 1 STATION PLACE 5.1 TITLE 5.2 NAME 5.2 NAME 5.3 STREET ADDRESS CITY ST-ZIP  5.4 CITY-ST-ZIP  5.4 CITY-ST-ZIP  5.5 CITY-ST-ZIP  5.5 CITY-ST-ZIP  5.5 CITY-ST-ZIP	1				3.4. CHTY-ST-ZIP	stamford CT 0600	2
STREET ALORESS   1 STATION PLACE   4.3 STREET ADDRESS   CT OB902	THILE	, .,		DELETE	4.1 TITLE	VP .	Change Addition
CIV_SI_ZP   STAMFORD CT   44 CIV_SI_ZP   Stamford CT Obgo2	NAME						
DELETE   5.1 TITLE	ì		1		4.3 STREET ADDRESS	one Station Pl	, ,
NAME	h	SIAMPUNUCI		DELETE		Stamping CT OBYOR	
STREET ADDRESS	[			Em) DECET			E cominde E vegition
CUT : S1-7P 54 CDY-ST-ZIP		A.					
	1				I i		
	F			DELETE			☐ Change ☐ Addition
NAME 6.2 NAME	NAME				6.2 NAME		
STREET ADDRESS	Leaves a section	s. I			6.3 STREET ADDRESS		
,	STREET AUGUSTS	''					

64 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 Lam 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 of Block 3 if changed, a on an attachment with an address. appears in Block 12 ok

SIGNATURE:

MATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER ON DIRECTOR

**FILED** 

Apr 03 1997 8:00am

0481369