
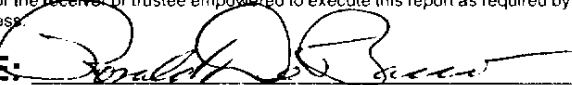


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 99 MAR 19 PM 3: 10 SECRETARY OF STATE TALLAHASSEE, FLORIDA																													
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE																															
1 Name and Mailing Address of Limited Liability Company DOCUMENT # M98000000373 VITE, LLC 166 GLOVER AVENUE NORWALK CT 06850		1a. Principal Place of Business Address 166 GLOVER AVENUE NORWALK CT 06850																															
2 Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country		3. Date Organized or Qualified 04/20/1998																													
				3a. State of Formation DE																													
				4. FEI Number 06-051171 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable																													
				5. Date of Last Report 6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																													
7. Name and Address of Current Registered Agent CORPORATION SERVICE , COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301			8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code <div style="text-align: center;">FL</div>																														
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.																																	
SIGNATURE _____				DATE _____																													
(Registered Agent Accepting Appointment) (NOTE: Registered Agent Signature required when re-statuting)																																	
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">10. Title</th> <th style="width: 30%;">Managing Members/Managers</th> <th style="width: 30%;">Business Street Address</th> <th style="width: 30%;">City, State and Zip Code</th> </tr> </thead> <tbody> <tr> <td>MGR</td> <td>EDE, TERENCE W</td> <td>166 GLOVER AVENUE</td> <td>NORWALK CT</td> </tr> <tr> <td>MGR</td> <td>STEPHENS, RONALD</td> <td>166 GLOVER AVENUE</td> <td>NORWALK CT</td> </tr> <tr> <td>MGR</td> <td>LIVINGSTON, ROBERT A</td> <td>ONE MARINE MIDLAND PLAZA,</td> <td>BINGHAMTON NY</td> </tr> <tr> <td>MGR</td> <td>DEBACCO, RONALD</td> <td>166 GLOVER AVENUE</td> <td>NORWALK CT</td> </tr> <tr> <td>MGR</td> <td>SONG, S T</td> <td>85H FL, NO 76, PO AI ROAD</td> <td>TAIPEI, TAIWAN</td> </tr> <tr> <td>MGR</td> <td>HURON, PAUL</td> <td>13 GREEN HAVEN ROAD</td> <td>SALEM NH</td> </tr> </tbody> </table>						10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code	MGR	EDE, TERENCE W	166 GLOVER AVENUE	NORWALK CT	MGR	STEPHENS, RONALD	166 GLOVER AVENUE	NORWALK CT	MGR	LIVINGSTON, ROBERT A	ONE MARINE MIDLAND PLAZA,	BINGHAMTON NY	MGR	DEBACCO, RONALD	166 GLOVER AVENUE	NORWALK CT	MGR	SONG, S T	85H FL, NO 76, PO AI ROAD	TAIPEI, TAIWAN	MGR	HURON, PAUL	13 GREEN HAVEN ROAD	SALEM NH
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11 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 is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes, and that my name appears in Block 10, or on an attachment with an address.																																	
SIGNATURE: 																																	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNIFYING MANAGER (USE METHOD ON MATERIAL)																																	