

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

FILED

May 02 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 # P07549 (9)

1. Corporation Name
A E PROPERTIES, INC.



Principal Place of Business

151 FARMINGTON AVE
YFHA
HARTFORD CT 06156
US

Mailing Address

151 FARMINGTON AVE
YFHA
HARTFORD CT 06156-0001
US

3. Date Incorporated or Qualified
09/26/1985

3a. Date of Last Report
02/28/1996

2. Principal Place of Business

21 One Tower Square

Suite, Apt. #, etc.

22 City & State
Hartford CT

24 Zip
06183

25 Country
US

2a. Mailing Address

26 One Tower Square

Suite, Apt. #, etc.

27 City & State
Hartford CT

29 Zip
06183

30 Country
US

4. FEI Number

95-2798160

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

CT CORPORATION SYSTEM
1200 S. 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	AT	<input checked="" type="checkbox"/> DELETE
NAME	HENAUT, RICHARD R	
STREET ADDRESS	6 RAYLO COURT	
CITY-ST-ZIP	CHICOPEE MA	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	DELEHANTY, GARRETT J JR	
STREET ADDRESS	18 WATSON DRIVE	
CITY-ST-ZIP	WEST SIMSBURY CT	
TITLE	C	<input checked="" type="checkbox"/> DELETE
NAME	TAYLOR, CHRISTOPHER	
STREET ADDRESS	1717 TUTTLE AVENUE	
CITY-ST-ZIP	CHESHIRE CT	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	INGRAM, DAVID J	
STREET ADDRESS	15 VERMILLIAN DR	
CITY-ST-ZIP	AVON CT	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WHITE, BEN J	
STREET ADDRESS	3 RIDGE RD	
CITY-ST-ZIP	ENFIELD CT	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HOLT, TIMOTHY A	
STREET ADDRESS	134 OLD FARMS RD	
CITY-ST-ZIP	SOUTH GLASTONBURY CT	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Susan W. Lewis	
1.3 STREET ADDRESS	One Tower Square	
1.4 CITY-ST-ZIP	Hartford CT 06183	
2.1 TITLE	D T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Lawrence A. Gillis	
2.3 STREET ADDRESS	One Tower Square	
2.4 CITY-ST-ZIP	Hartford CT 06183	
3.1 TITLE	D S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Joseph W. Sprouls	
3.3 STREET ADDRESS	One Tower Square	
3.4 CITY-ST-ZIP	Hartford CT 06183	
4.1 TITLE	AT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Robert G. Long	
4.3 STREET ADDRESS	One Tower Square	
4.4 CITY-ST-ZIP	Hartford CT 06183	
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 type="checkbox"/> 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: *Joseph W. Sprouls* 4/2/97 860-954-5747
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)