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Mar 04, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P07856

1. Corporation Name

CHAMPION REALTY CORPORATION

Principal Place of Business

Mailing Address

**16825 NORTHCHASE DR
SUITE 800
HOUSTON TX 77060-087
US**

**ONE CHAMPION PLAZA
STAMFORD CT 06921**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/24/1985

4. FEI Number

13-2694188

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

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name

**U.S. CORPORATION COMPANY
1201 HAYES ST SUITE 105
TALLAHASSEE FL 32301**

81 Name

82 Street Address (P.O. Box)

83

84 City

F76618062 150.00

C913672

Zip Code

Is registered
registered

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submit this annual report or supplemental report, or both, in the State of Florida. Such change was authorized by the corporation's board of directors or the corporation's officers or directors, and I, the undersigned, 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	D	<input checked="" type="checkbox"/> DELETE
NAME	COLE, AUBREY L.	
STREET ADDRESS	16825 NORTHCHASE DRIVE	
CITY-ST-ZIP	HOUSTON TX	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	DANIELS, E. H. III	
STREET ADDRESS	16825 NORTHCHASE #800	
CITY-ST-ZIP	HOUSTON TX	
TITLE	T	<input type="checkbox"/> DELETE
NAME	HENNINGS, BARBARA	
STREET ADDRESS	16825 NORTHCHASE DRIVE	
CITY-ST-ZIP	HOUSTON FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	VOLPE, THOMAS F	
STREET ADDRESS	ONE CHAMPION PLAZA	
CITY-ST-ZIP	STAMFORD CT	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	NICHOLS, KENWOOD C.	
STREET ADDRESS	ONE CHAMPION PLAZA	
CITY-ST-ZIP	STAMFORD CT	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BOSSIDY, LAWRENCE A	
STREET ADDRESS	ONE CHAMPION PLAZA	
CITY-ST-ZIP	STAMFORD CT	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Mark V. Childers
1.3 STREET ADDRESS	One Champion Plaza
1.4 CITY-ST-ZIP	Stamford, CT 06921
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	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Michael P. Corey
6.3 STREET ADDRESS	One Champion Plaza
6.4 CITY-ST-ZIP	Stamford, CT 06921

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:

Thomas F. Volpe
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas F. Volpe - Vice President

Date

Daytime Phone #

2/1/99

CR2E034 (11/98)