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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P10587

141

FIRST BRANDS CORPORATION Principal Place of Business TAX DEPARTMENT P. O. BOX 1911 TOUR TAX DEPARTMENT P. O. BOX 1911									
	NINECTICUT 06813-1911	DANBURY, CON	DANBURY, CONNECTICUT 06813-1911			0.00 Decided 100 D			
						3. Date Incorporated or Quali	I .	3a. Date of Last Report	
2. Principal P	Place of Business	2a. Mailing Add	dress			06/27/1986 4. FEI Number		01/1 996	plied For
1	, , , , , , , , , , , , , , , , , , ,	26				06-1171404		h	t Applicable
Suite, Apt	#. elc	Suite, Apt.	#, etc.				d П	\$8.75	
2		27				6. Certificate of Status Desire	a L	Fee Re	quired
City & Stat	le	City & State	0			6. Election Campaign Financi		\$5.00	May Be
3		28				Trust Fund Contribution		Added (
Zφ n	Country	Zip	-	Country	1	8. This corporation has liabilit			199.032,
4	25 9. Name and Address of Curr	29		30		Fiorida Statutes 10. Name and Address of Ne	Yes		····
·		ielit vedistelen våeli		81	Name	10. Name and Address of the	M Hegistered	Mann	
	CORPORATION SYSTEM			<u></u>					
	S. PINE ISLAND ROAD			82	Street Add	fress (P.O. Box Number is Not Acc	eptable)		
PLAI	ntation FL 33324			63					
				<u></u>					
				84	City		FL	85 Zip i	Code
office or agent. La	registered agent, or both, in the Starm familiar with, and accept the ob	1502 and 607.1508, Flo ate of Florida. Such cha digations of, Section 60	orida Statute ange was au 07.0505, Flor	s, the above uthorized by rida Statute	e-named cor y the corpora s.	poration submits this statement for tion's board of directors. I hereby	accept the app	pointment as	registered
SIGNATURE	Support. Specific printed hards of registered	agent and title if applicable		Registered Ag		lred when reinstating)	DATE		
SIGNATURE	Superior: Springer printed have of registered. OFFICERS A	agent and title if applicable					DATE		S IN 12
SIGNATURE 12. IIILE	Superior: Syrint or printed harve of registered OFFICERS /	agent and title if applicable	(NOTE	: Registered Ag		lred when reinstating)	DATE	D DIRECTOR	S IN 12
SIGNATURE 12. IIILE I ^{JAME}	Superior. Sprint or printed have of registered OFFICERS A	agent and title if applicable	(NOTE	: Registered Age 13.	ent signature requ	lred when reinstating)	DATE	D DIRECTOR	S IN 12
SIGNATURE 12. TILE PAME STREET ATORESS	Support. Sprint or printed harve of registered OFFICERS / CD DUDLEY, A.E.	agent and title if applicable AND DIRECTORS	(NOTÉ:	13. 11 TITLE	ent signature requ	lred when reinstating)	DATE	D DIRECTOR	S IN 12
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SIGNATURE 12. UILE PAME STREEL ADDRESS DOY ST 729 HILE PAME	CD DUDLEY, A.E. 12 JACKSON CT. RIDGEFIELD CT. PCEO STEPHENSON, W.V. 204 LINDENTREE	agent and title if applicable AND DIRECTORS	(NOTÉ:	13. 11 TITLE 12 NAME 1.3 STREET 1.4 CITY-5 2.1 TITLE 2.2 NAME 2.3 STREET	ant signature requirement signature requirement for ADDRESS ST-ZIP ADDRESS	lred when reinstating)	DATE	D DIRECTOR	S IN 12
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Secretary of State