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Secretary of State

03-24-1999 90011 020 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS



DOCUMENT # P12353

1. Corporation Name
 WOMENS TENNIS BENEFIT ASSOCIATION, INC.

Principal Place of Business Mailing Address

1266 EAST MAIN ST 2007 TIDEWATER COLONY DR
 4th Floor Suite 1A
 Stamford, CT 06902 Annapolis, MD 21401-2127
 US US



21	2. Principal Place of Business	26	2a. Mailing Address	3.	Date Incorporated or Qualified
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		12/30/98
22	City & State	27	City & State	4.	FEI Number
					31-1618547
23	Zip	28	Country	5.	Certificate of Status Desired
					<input type="checkbox"/> \$8.75 Additional Fee Required
24	Country	29	Zip	6.	Election Campaign Financing
					<input type="checkbox"/> \$5.00 May Be Added to Fees
		30	Country		

9. Name and Address of Current Registered Agent

LISA GRATTAN
 871 CORDOVA BLVD, N.E.
 SAINT PETERSBURG, FL 33704

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	C	<input type="checkbox"/> DELETE
NAME	RICHARD DELL	
STREET ADDRESS	15521 PINTURA DRIVE	
CITY-ST-ZIP	HACIENDA HEIGHTS, CA 91745	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JOHN KORFF	
STREET ADDRESS	ONE INTERNATIONAL BLVD	
CITY-ST-ZIP	MAHWAH, NJ 07430	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ILANA KLOSS	
STREET ADDRESS	445 NORTH WELLS, SUITE 404	
CITY-ST-ZIP	CHICAGO, IL 60610	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LISA GRATTAN	
STREET ADDRESS	871 CORDOVA BLVD, N.E.	
CITY-ST-ZIP	ST. PETERSBURG, FL 33704	
TITLE	T	<input type="checkbox"/> DELETE
NAME	ROBERT D. HAUCK	
STREET ADDRESS	2007 TIDEWATER COLONY DRIVE, 1A	
CITY-ST-ZIP	ANNAPOLIS, MD 21401-2127	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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 617, 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.

ROBERT D. HAUCK

410-224-3257

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ARTICLES OF DISSOLUTION

Pursuant to section 617.1403, Florida Statutes, this Florida not for profit corporation submits the following Articles of Dissolution:

FIRST: The name of the corporation is WOMENS TENNIS ASSOCIATION, INC.

SECOND: Adoption of dissolution
(Complete Section I or II)

SECTION I

If the corporation has members entitled to vote:

The date of the meeting of members at which the resolution to dissolve was adopted was

(CHECK ONE)

- The number of votes cast for dissolution was sufficient for approval.
- The resolution was adopted by written consent and executed in accordance with 617.0701, Florida Statutes.

SECTION II

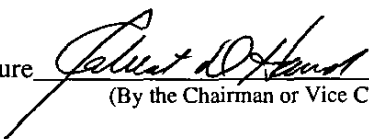
If the corporation has no members or members with voting rights:

The corporation has no members or members with voting rights.

The date of adoption of the resolution by the board of directors was DECEMBER 30, 1998

The number of directors in office was 4 and the vote for the resolution
was 4 for and _____ against.

Signed this 20th day of MARCH, 19 99

Signature 
(By the Chairman or Vice Chairman of the Board, President or other officer)

ROBERT D. HAUCK

Typed or printed name

CHIEF, OPERATING OFFICER

Title