

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P15450** (0)
1. Corporation Name
RESOURCES MANAGEMENT CORP.



Principal Place of Business: **TWO BATTERSON PARK ROAD FARMINGTON CT 06032**
Mailing Address: **TWO BATTERSON PARK ROAD FARMINGTON CT 06032**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/03/1987	3a. Date of Last Report 06/14/1995
21	Suite, Apt. #, etc	26	Suite, Apt. #, etc	4. FEI Number 06-0944880	Applied for Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				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: _____ DATE: _____
Signature typed in production of the signed agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCD <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLYNN, DANIEL F.	12 NAME	
STREET ADDRESS	237 WESTMONT	13 STREET ADDRESS	
CITY-ST-ZIP	WEST HARTFORD CT	14 CITY-ST-ZIP	
TITLE	VTD <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOEHMANN, FRANK M., JR.	22 NAME	
STREET ADDRESS	130 NOB HILL ROAD	23 STREET ADDRESS	
CITY-ST-ZIP	CHESHIRE CT	24 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, SANDRA S	32 NAME	
STREET ADDRESS	33 CONNALLY DR	33 STREET ADDRESS	
CITY-ST-ZIP	OLD SAYBROOK CT	34 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLAMIO, DONNA B.	42 NAME	
STREET ADDRESS	34 FAIRVIEW DRIVE	43 STREET ADDRESS	
CITY-ST-ZIP	FARMINGTON CT	44 CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREENLEAF, HENRY M JR	52 NAME	
STREET ADDRESS	11 CLARK LANE	53 STREET ADDRESS	
CITY-ST-ZIP	ESSEX CT	54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Treasure **TREASURER** 6/18/96 (860)677-4574
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date City, State, Zip

CR2E034 (3/96)