FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 JUN -1 AM 11:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P26585 (0)

1. Corporation Name
THE FIRST CONNECTICUT MANAGEMENT COMPANY (Formerly)
(Now) Fusco Management Company

Principal Place of Business	Mailing Address
555 LONG WHARF DRIVE P.O. BOX 9631 NEW HAVEN CT 06535-0631	555 LONG WHARF DRIVE P.O. BOX 9631 NEW HAVEN CT 06535-0631

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/23/1989
3a. Date of Last Report: 03/22/1994
4. FEI Number: 06-1220299 — 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

2. Principal Place of Business: 21 — Suite, Apt #, etc: 22 — City & State: 23 — Zip: 24 — County: 25
2a. Mailing Address: 26 — Suite, Apt #, etc: 27 — City & State: 28 — Zip: 29 — Country: 30

9. Name and Address of Current Registered Agent

PARK, JOSEPH R.
1150 CLEVELAND STREET
SUITE 410
CLEARWATER 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 ______ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	FUSCO, MARY R.
STREET ADDRESS	52 YOWAGO AVE
CITY, ST, ZIP	BRANFORD CT
TITLE	VD
NAME	FUSCO, LYNN R.
STREET ADDRESS	52 YOWAGO AVE.
CITY, ST, ZIP	BRANDORD CT
TITLE	VD
NAME	FUSCO, EDMUND F., JR.
STREET ADDRESS	432 SOUTH AVENUE
CITY, ST, ZIP	NEW CAANAN CT
TITLE	STD
NAME	MORRIS, PAUL F.
STREET ADDRESS	113 LINDEN AVENUE
CITY, ST, ZIP	BRANDORD CT
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY, ST, ZIP ☐ Change ☐ Addition
2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY, ST, ZIP ☐ Change ☐ Addition
3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY, ST, ZIP ☐ Change ☐ Addition
4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY, ST, ZIP ☐ Change ☐ Addition
5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY, ST, ZIP ☐ Change ☐ Addition
6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY, ST, ZIP ☐ Change ☐ Addition

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****225.00 ****225.00

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 5/5/95 Daytime Phone: (203) 777-7451

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