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 MAY -1 AM 9:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P29722** **(6)**

1. Corporation Name

ENDOWMENT REALTY INVESTORS, INC.

Principal Place of Business
450 POST RD. EAST
WESTPORT CT 06881
US

Mailing Address
450 POST RD. EAST
WESTPORT CT 06881
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/12/1990
3a. Date of Last Report: 02/08/1994

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

4. FEI Number: 06-1249185 — 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

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name: CORPORATION SERVICE COMPANY
82 Street Address (P.O. Box Number is Not Acceptable): 1201 HAYS STREET
83
84 City: TALLAHASSEE, FL — 85 Zip Code: 32301

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☒ Change ☐ Addition
NAME	STORRS, DAVID R.	1.2 NAME	
STREET ADDRESS	~~450 POST ROAD EAST~~	1.3 STREET ADDRESS	1057 FAIRFIELD BEACH
CITY - ST - ZIP	~~WESTPORT CT~~	1.4 CITY - ST - ZIP	FAIRFIELD, CT 06430
TITLE	~~VCD~~	2.1 TITLE	SECRETARY ☒ Change ☒ Addition
NAME	~~GUIDO, MICHAEL J.~~	2.2 NAME	VINCENT W. McBRIEN
STREET ADDRESS	~~450 POST ROAD EAST~~	2.3 STREET ADDRESS	815 FOREST AVENUE
CITY - ST - ZIP	~~WESTPORT CT~~	2.4 CITY - ST - ZIP	WILMETTE, IL 60091
TITLE	~~VP~~	3.1 TITLE	VICE PRESIDENT ☒ Change ☐ Addition
NAME	~~FRANZESE, FRANK T.~~	3.2 NAME	PAUL JACOBELLO
STREET ADDRESS	~~450 POST ROAD EAST~~	3.3 STREET ADDRESS	117 CORD LANE
CITY - ST - ZIP	~~WESTPORT CT~~	3.4 CITY - ST - ZIP	LEVITTOWN, N.Y. 11756
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Paul J. Jacobello — PAUL JACOBELLO — 4/13/95 — 203 341-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

C083007 FP