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May 06 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P29863 (8)

1. Corporation Name
MONOGRAM HOME EQUITY CORPORATION

Principal Place of Business
260 LONG RIDGE ROAD
P.O. BOX 6109
STAMFORD CT 06927

Mailing Address
DEPT 6109
260 LONG RIDGE RD.
STAMFORD CT 06927-1600
US

3. Date Incorporated or Qualified
06/20/1990

3a. Date of Last Report
04/14/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29 30

4. FEI Number
06-1297232

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

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME HAJTUN, STEPHEN D.
STREET ADDRESS 1600 SUMMER STREET
CITY-ST-ZIP STAMFORD CT

1.1 TITLE UP-TAXES
1.2 NAME Jeffrey L Hyde
1.3 STREET ADDRESS 260 Long Ridge Rd
1.4 CITY-ST-ZIP Stamford, CT 06927

TITLE S
NAME BELCAMINO, BEVERLY A.
STREET ADDRESS 1600 SUMMER STREET
CITY-ST-ZIP STAMFORD CT

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE V
NAME GRAHAM, STEVE
STREET ADDRESS 15 CAMPUS DRIVE
CITY-ST-ZIP SOMERSET NJ

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE V
NAME PALMER, JOHN C.
STREET ADDRESS 15 CAMPUS STREET
CITY-ST-ZIP SOMERSET NJ

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE AV
NAME MEAD, ALEXANDRA
STREET ADDRESS 15 CAMPUS STREET
CITY-ST-ZIP SOMERSET CT

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE AT
NAME FIORE, DOMINIC
STREET ADDRESS 777 LONG RIDGE ROAD
CITY-ST-ZIP STAMFORD CT 06927

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)