

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAY - 1 PM 10:57

DOCUMENT # P29968  
1. Corporation Name  
CFD III Inc.

800001488108  
-05/16/95-01014-005  
\*\*\*\*\*400.00 \*\*\*\*\*200.00

DO NOT WRITE IN THIS SPACE.

Principal Place of Business Mailing Address  
**GE CAPITAL CORPORATION**  
P.O. BOX 9552  
FT. MYERS, FL 33906-9552  
*ATTN: Shannon Williams*

3. Date Incorporated or Qualified 6/27/95 3a. Date of Last Report 2/23/9  
4. FEI Number 06-1156014 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 2a. Mailing Address  
21 260 Long Ridge Rd. 26 Suite, Apt #, etc.  
22 P.O. Box 9109 27 Suite, Apt #, etc.  
23 Stamford CT 28 City & State  
24 06924 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent  
CT Corporation System  
1200 South Pine Island Rd.  
Plantation, 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 \_\_\_\_\_  
Signature typed or printed name of registered agent and the applicable NOTE: Registered Agent signature required when reappointing

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>VIP</u> <u>Dominic A. Fiore</u> <u>777 Long Ridge Rd</u> <u>Stamford, CT 06924</u>	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>See Separate Schedule</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>DIVIP</u> <u>Thomas F. Fanelli</u> <u>44 Old Ridgebury Rd.</u> <u>Danbury, CT 06813</u>	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>See Separate Schedule</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>VIP</u> <u>William H. Brennan</u> <u>777 Long Ridge Rd.</u> <u>Stamford, CT 06927</u>	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>See Separate Schedule</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>PID</u> <u>Michael A. Neal</u> <u>44 Old Ridgebury Rd.</u> <u>Danbury, CT 06813</u>	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>See Separate Schedule</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>TID</u> <u>J. Gordon Smith</u> <u>44 Old Ridgebury Rd.</u> <u>Danbury, CT 06813</u>	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>See Separate Schedule</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>AIT</u> <u>Oscar Garza</u> <u>4311 Metro Parkway</u> <u>FL Myers, FL 33216</u>	61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>See Separate Schedule</b> <i>(Signature) 4/24/95</i>

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 110 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 007, Florida Statutes, and that my name appears in Block 12 or Block 13, if changed, or on an appointment with an address.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**OSCAR GARZA**  
**ASSISTANT TREASURER** April 24 1995  
Continue Here >

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**CFD INC.**  
**Federal ID# 02-1188014**

Schedule  
State of

Report  
or  
Return

<u>Name</u>	<u>Title</u>	<u>Business Address</u>
Michael A. Neal	Director & President	44 Old Ridgebury Road, Danbury, CT.
J. Gordon Smith	Director & Treasurer	44 Old Ridgebury Road, Danbury, CT.
Thomas F. Fanelli	Director & Vice President	44 Old Ridgebury Road, Danbury, CT.
Kelley S. Thomas	Secretary	44 Old Ridgebury Road, Danbury, CT.
William H. Brennan	Vice President	777 Long Ridge Road, Stamford CT
Dominic A. Fiore	Vice President	777 Long Ridge Road, Stamford CT
Kim Heindl	Assistant Treasurer	4211 Metro Parkway, Ft. Myers, FL
Oscar Garza	Assistant Treasurer	4211 Metro Parkway, Ft. Myers, FL