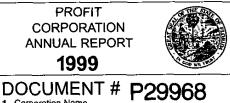
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name CFD III INC.



FLORIDA DEPARTMENT OF STATE

Katherine Harris

DIVISION OF CORPORATIONS

Secretary of State

May 05, 1999 8:00 am Secretary of State

05-05-1999 90017 005 ***150.00

|--|--|

Principal Place of Business Mailing Address	
260 RIDGE RD. DEPT. 8109	
P O BOX 8109 260 LONG RIDGE RD.	IN THE SPACE
STAMFORD OF 00302-1035	IN THIS SPACE
US 3. Date Incorporated or Qualified	
2 Principal Place of Rusiness 2a Mailing Address 4. FEI Number	Applied For
Oc 11ECO14	Not Applicable
<u></u>	\$8.75 Additional
	Fee Required
22 27 City & State City & State 6. Election Campaign Financing	\$5.00 May Be
	Added to Fees
Zip Country Zip Country Sip Country 8. This corporation owes the current	
	Yes No
24 25 29 30 Personal Property Tax. 9. Name and Address of Current Registered Agent 10. Name and Address of New Reg	
81 Name	
C T CORPORATION SYSTEM	
1200 SOUTH PINE ISLAND ROAD 82 Street Address (P.O. Box Number is Not Acceptable	e)
PLANTATION FL 33324	
84 City	FL 85 Zip Code
207 4500 Florida the statement for the D	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purposition of the purposition of the state of Florida. Such change was authorized by the corporation's board of directors. I hereby accept to the corporation of the state of Florida.	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 title if applicable. (NOTE: Registered Agent signatura required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICE	
70.0	Change Addition
NAME HYDE, JEFFREY L 13 TITLE 12 NAME 12 NAME 12 NAME 12 NAME 12 NAME 13 TITLE 14 NAME 14 NAME 15 NAME 15 NAME 16 NAME 16 NAME 17 NAME 18 NAM	3 4
CTANCODD OT	0
OIT VICE	☐ Change ☐ Addition
_	C stange C toler
NAME FANELLI, THOMAS F	
STREET ADDRESS 44 OLD DANBURY RD 2.3 STREET ADDRESS	}
CITY-ST-ZIP DANBURY CT 06813 2.4 CITY-ST-ZIP	Change Addition
TITLE VP A DELETE 3.1 TITLE	
NAME BRENNAN, WILLIAM H 32 NAME	Change
; , _ , _ , _ ,	Change Discounting
STREET ADDRESS 777 LONG RIDGE RD 3.3 STREET ADDRESS	College
CITY-ST-ZIP STAMFORD CT 06927 34. CITY-ST-ZIP	
	☐ Change ☐ Addition
CITY-ST-ZIP STAMFORD CT 06927 3.4.CITY-ST-ZIP TITLE PD □ DELETE 4.1 TITLE NAME NEAL, MICHAEL A. 4.2 NAME	
CITY-ST-ZIP STAMFORD CT 06927 34.CITY-ST-ZIP TITLE PD □ DELETE 4.1 TITLE	
CITY-ST-ZIP STAMFORD CT 06927 3.4.CITY-ST-ZIP TITLE PD □ DELETE 4.1 TITLE NAME NEAL, MICHAEL A. 4.2 NAME STREET ADDRESS 44 OLD RIDGEBURY ROAD 4.3 STREET ADDRESS CITY-ST-ZIP DANBURY CT 06813 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
CITY-ST-ZIP STAMFORD CT 06927 3.4 CITY-ST-ZIP TITLE PD □ DELETE 4.1 TITLE NAME NEAL, MICHAEL A. 4.2 NAME STREET ADDRESS 44 OLD RIDGEBURY ROAD 4.3 STREET ADDRESS CITY-ST-ZIP DANBURY CT 06813 4.4 CITY-ST-ZIP TITLE TD □ DELETE 5.1 TITLE	
CITY-ST-ZIP STAMFORD CT 06927 3.4 CITY-ST-ZIP TITLE PD □ DELETE 4.1 TITLE NAME NEAL, MICHAEL A. 4.2 NAME STREET ADDRESS 44 OLD RIDGEBURY ROAD 4.3 STREET ADDRESS CITY-ST-ZIP DANBURY CT 06813 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
CITY-ST-ZIP STAMFORD CT 06927 3.4 CITY-ST-ZIP TITLE PD □ DELETE 4.1 TITLE NAME NEAL, MICHAEL A. 4.2 NAME STREET ADDRESS 44 OLD RIDGEBURY ROAD 4.3 STREET ADDRESS CITY-ST-ZIP DANBURY CT 06813 4.4 CITY-ST-ZIP TITLE TD □ DELETE 5.1 TITLE	☐ Change ☐ Addition
STAMFORD CT 06927 34 CITY-ST-ZIP	☐ Change ☐ Addition☐ Change ☐ Addition☐
CITY-ST-ZIP STAMFORD CT 06927 TITLE PD DELETE 4.1 TITLE NEAL, MICHAEL A. STREET ADDRESS CITY-ST-ZIP DANBURY CT 06813 TITLE TD DELETE 4.2 NAME 4.3 STREET ADDRESS CITY-ST-ZIP DELETE 5.1 TITLE NAME SMITH, J GORDON STREET ADDRESS 44 OLD RIDGEBURY ROAD 5.3 STREET ADDRESS 5.3 STREET ADDRESS 5.3 STREET ADDRESS	☐ Change ☐ Addition
STAMFORD CT 06927 34 CITY-ST-ZIP	☐ Change ☐ Addition☐ Change ☐ Addition☐
STAMFORD CT 06927 34. CITY-ST-ZIP	☐ Change ☐ Addition☐ Change ☐ Addition☐

14. I 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 it 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, with all other like empowered.

SIGNATURE:

203-357-4544