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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 # P29969 (3)

1. Corporation Name
MARINE ASSET RENTAL SERVICE, INC.

Principal Place of Business
260 LONG RIDGE ROAD
P O BOX 8109
STAMFORD CT 06927

Mailing Address
DEPT. 8109
260 LONG RIDGE RD.
STAMFORD CT 06927-1600
US



3. Date Incorporated or Qualified 06/27/1990
3a. Date of Last Report 04/14/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 06-1167647	Applied For Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23. Zip	28. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24. Country	29. Country		

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND DRIVE
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	1.1 TITLE	VP-TAXES
NAME	FIOR, DOMINIC A	1.2 NAME	Jeffrey L Hyde
STREET ADDRESS	777 LONG RIDGE ROAD	1.3 STREET ADDRESS	260 Long Ridge Rd
CITY-ST-ZIP	STAMFORD CT	1.4 CITY-ST-ZIP	Stamford, CT 06927
TITLE	PD	2.1 TITLE	
NAME	NEAL, MICHAEL A.	2.2 NAME	
STREET ADDRESS	44 OLD RIDGEBURY ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	DANBURY, CT	2.4 CITY-ST-ZIP	
TITLE	DT	3.1 TITLE	
NAME	SMITH, J. GORDON	3.2 NAME	
STREET ADDRESS	44 OLD RIDGEBURY ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	DANBURY, CT	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	
NAME	FANELLI, THOMAS F.	4.2 NAME	
STREET ADDRESS	44 OLD RIDGEBURY ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	DANBURY, CT	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	
NAME	BRENNAN, WILLIAM H	5.2 NAME	
STREET ADDRESS	777 LONG RIDGE ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	STAMFORD CT	5.4 CITY-ST-ZIP	
TITLE	S	6.1 TITLE	
NAME	THOMAS, KELLY S	6.2 NAME	
STREET ADDRESS	44 OLD RIDGE RD	6.3 STREET ADDRESS	
CITY-ST-ZIP	STAMFORD CT	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
Jeffrey L Hyde 4-27-97 203-357-4544

CR2E034 (9/96)