

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

FILED

Feb 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P30722 (3)
1. Corporation Name
PREFCO V INC.



Principal Place of Business C/O PITNEY BOWES CREDIT CORPORATION 201 MERRITT SEVEN NORWALK CT 06856	Mailing Address C/O PITNEY BOWES CREDIT CORPORATION 201 MERRITT SEVEN NORWALK CT 06856
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 27 Waterview Dr. 23 City & State Shelton CT 24 Zip 06484 25 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 27 Waterview Dr. 28 City & State Shelton CT 29 Zip 06484 30 Country		3. Date Incorporated or Qualified 08/28/1990	4. FEI Number 06-1305151 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No
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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 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL			
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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 title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	CD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	CD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	HARVEY, GEORGE B.		1.2 NAME	MARC C. Brieskowsky			
STREET ADDRESS	201 MERRITT SEVEN		1.3 STREET ADDRESS	27 Waterview Drive			
CITY-ST-ZIP	NORWALK CT		1.4 CITY-ST-ZIP	Shelton CT 06484			
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CRITELLI, MICHAEL J.		2.2 NAME				
STREET ADDRESS	201 MERRITT SEVEN		2.3 STREET ADDRESS	27 Waterview Dr.			
CITY-ST-ZIP	NORWALK CT		2.4 CITY-ST-ZIP	Shelton CT 06484			
TITLE	PD	<input type="checkbox"/> DELETE	3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KISSNER, MATTHEW S.		3.2 NAME				
STREET ADDRESS	201 MERRITT SEVEN		3.3 STREET ADDRESS	27 Waterview Dr.			
CITY-ST-ZIP	NORWALK CT		3.4 CITY-ST-ZIP	Shelton CT 06484			
TITLE	VS	<input type="checkbox"/> DELETE	4.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WILLAMSON, KEITH H		4.2 NAME				
STREET ADDRESS	201 MERRITT SEVEN		4.3 STREET ADDRESS	27 Waterview Dr.			
CITY-ST-ZIP	NORWALK CT		4.4 CITY-ST-ZIP	Shelton CT 06484			
TITLE	V	<input type="checkbox"/> DELETE	5.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HUDSON, G. KIRK		5.2 NAME				
STREET ADDRESS	201 MERRITT SEVEN		5.3 STREET ADDRESS	27 Waterview Dr.			
CITY-ST-ZIP	NORWALK CT		5.4 CITY-ST-ZIP	Shelton CT 06484			
TITLE	V	<input type="checkbox"/> DELETE	6.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	THEN, GEORGE J.		6.2 NAME				
STREET ADDRESS	201 MERRITT SEVEN		6.3 STREET ADDRESS	27 Waterview Dr.			
CITY-ST-ZIP	NORWALK CT		6.4 CITY-ST-ZIP	Shelton CT 06484			

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

CR2E034 (10/97)