

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

**FILED**  
**Sep 15, 1999 8:00 am**  
**Secretary of State**

09-15-1999 90013 025 \*\*\*550.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P31519**

1. Corporation Name  
**PREFCO VI INC.**



Principal Place of Business 27 WATERVIEW DR 201 MERRITT SEVEN SHELTON CT 06484 US	Mailing Address 27 WATERVIEW DR 201 MERRITT SEVEN SHELTON CT 06484 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>10/25/1990</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>06-1305648</b>	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Country	29	Country	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	<b>FL</b>	85

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	CD <input type="checkbox"/> DELETE	1.1 TITLE	VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRESLAWSKY, MARC C	1.2 NAME	CHRISTIAN D. HUGHES
STREET ADDRESS	27 WATERVIEW DR	1.3 STREET ADDRESS	27 WATERVIEW DR
CITY-ST-ZIP	SHELTON CT 06484	1.4 CITY-ST-ZIP	SHELTON CT 06484
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	CHAIRMAN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRITELLI, MICHAEL J.	2.2 NAME	
STREET ADDRESS	27 WATERVIEW DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	SHELTON CT 06484	2.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	MATTHEW S. KISSNER	3.2 NAME	
STREET ADDRESS	27 WATERVIEW DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	SHELTON CT 06484	3.4 CITY-ST-ZIP	
TITLE	VS <input type="checkbox"/> DELETE	4.1 TITLE	
NAME	WILLIAMSON, KEITH H	4.2 NAME	
STREET ADDRESS	27 WATERVIEW DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	SHELTON CT 06484	4.4 CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	5.1 TITLE	TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HUDSON, G KIRK	5.2 NAME	JEFFREY J. RAMOS
STREET ADDRESS	27 WATERVIEW DR	5.3 STREET ADDRESS	27 WATERVIEW DR
CITY-ST-ZIP	SHELTON CT 06484	5.4 CITY-ST-ZIP	SHELTON CT 06484
TITLE	V <input checked="" type="checkbox"/> DELETE	6.1 TITLE	VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THEN, GEORGE J.	6.2 NAME	LAWRENCE D. OSMAWSKI
STREET ADDRESS	27 WATERVIEW DR	6.3 STREET ADDRESS	27 WATERVIEW DR
CITY-ST-ZIP	SHELTON CT 06484	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, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED *[Signature]* 9/10/99 (203) 922-4023  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)

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**PREFCO VI INC**  
**LIST OF OFFICERS & DIRECTORS**

<b>Name &amp; Title</b>	<b>Business Address</b>
<u>Chairman</u> Michael J. Critelli	1 Elmcroft Rd Stamford, CT 06901
<u>President</u> Matthew S. Kissner	27 Waterview Dr Shelton, CT 06484
<u>Vice President – Operations</u> Lawrence D. Osmanski	27 Waterview Dr. Shelton, CT 06484
<u>Vice President – Capital Markets</u> Michael S. Ryan	27 Waterview Dr. Shelton, CT 06484
<u>Vice President &amp; Secretary</u> Christian D. Hughes	27 Waterview Dr. Shelton, CT 06484
<u>Vice President &amp; Assistant Secretary</u> Keith H. Williamson	27 Waterview Dr. Shelton, CT 06484
<u>Treasurer</u> Jeffrey J. Ramos	27 Waterview Dr. Shleton, CT 06484
<u>Assistant Treasurer &amp; Assistant Secretary</u> Arlen F. Henock	1 Elmcroft Rd. Stamford, CT 06901
<u>Assistant Secretary</u> Stacey M. Mintz	27 Waterview Dr. Shelton, CT 06484

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**Name & Title**

**Business Address**

Director

Michael J. Critelli

1 Elmcroft Rd.  
Stamford, CT 06901

Director

Matthew S. Kissner

27 Waterview Dr.  
Shelton, CT 06484

Director

Marc C. Breslawsky

1 Elmcroft Rd.  
Stamford, CT 06901