FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAY -1 PM 10:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P31992 (1)

1. Corporation Name
ITL-CAP, INC.

Principal Place of Business	Mailing Address
200 GALSTONBURY BOULEVARD GLASTONBURY CT 06033-4400	200 GALSTONBURY BOULEVARD GLASTONBURY CT 06033-4400

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/03/1990
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business (21):
2a. Mailing Address (26): PO Box 31488 - TAX
Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):
City & State (23):
City & State (28): CHARLOTTE, NC
Zip (24):
Country (25):
Zip (29): 28217
Country (30): USA

4. FEI Number: 06-1309330 ☐ 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

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 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 title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	DP ☒ Change ☐ Addition
NAME	HANSON, SANDRA	12 NAME	IAN F. MACKINNON
STREET ADDRESS	75 SCULLY RD	13 STREET ADDRESS	201 S. TRYON ST. - TAX
CITY-ST-ZIP	SOMERS CT	14 CITY-ST-ZIP	CHARLOTTE, NC 28202
TITLE	V	21 TITLE	V ☐ Change ☐ Addition
NAME	MANCUSO, RONALD	22 NAME	SHEILA C. MURPHY
STREET ADDRESS	342 QUAKER LN.	23 STREET ADDRESS	201 S. TRYON ST. - TAX
CITY-ST-ZIP	WEST HARTFORD CT	24 CITY-ST-ZIP	CHARLOTTE, NC 28202
TITLE	S	31 TITLE	DS ☒ Change ☐ Addition
NAME	LORENSON, DAVID A.	32 NAME	DAVID LORENSON
STREET ADDRESS	130 JUNIPER LANE	33 STREET ADDRESS	201 S. TRYON ST. - TAX
CITY-ST-ZIP	AVON CT	34 CITY-ST-ZIP	CHARLOTTE, NC 28202
TITLE	T	41 TITLE	DT ☒ Change ☐ Addition
NAME	LOMBARD, EDWARD	42 NAME	MELANIE RAYMOND
STREET ADDRESS	62 LEDGEWOOD DR	43 STREET ADDRESS	201 S. TRYON ST. - TAX
CITY-ST-ZIP	GLASTONBURY CT	44 CITY-ST-ZIP	CHARLOTTE, NC 28202
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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 119.07(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Sheila C. Murphy 4/25/95 (704) 339-5983
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0393720 FP