

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
AMOUNT DUE ON OR BEFORE 6/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**APPROVED
AND
FILED**

05 JUN 16 PM 2:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # P33050

(6)

1. Corporation Name

DE ZAAH, INCORPORATED

Principal Place of Business

Mailing Address

**300 FIRST STAMFORD PLACE
STAMFORD CT 06902
US**

**300 FIRST STAMFORD PLACE
STAMFORD CT 06902
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/06/1991

3a. Date of Last Report

03/07/1994

4. FEI Number

13-1960861

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

2. Principal Place of Business

2a. Mailing Address

21 300 First Stamford Place

26 300 First Stamford Place

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

23 Stamford, CT

City & State

28 Stamford, CT

Zip

24 06902

Country

25 USA

Zip

29 06902

Country

30 USA

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

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

Marcia A. Hawner, Asst. Secy.

6-16-95

12. OFFICERS AND DIRECTORS

TITLE	PCD
NAME	VAN BERGEN, W. B.
STREET ADDRESS	SPILLAAN 2, 1852 BM
CITY, ST, ZIP	HEILLOO, NETHERLANDS
TITLE	V
NAME	COLLINS, D.J.
STREET ADDRESS	12 FRANK TERRACE
CITY, ST, ZIP	WHIPPANY NJ
TITLE	S
NAME	DUGGAN, J.C.
STREET ADDRESS	430 E. 86TH STREET, #6A
CITY, ST, ZIP	NEW YORK NY
TITLE	T
NAME	LARSEN, G. R.
STREET ADDRESS	59 WASCUTTER LANE
CITY, ST, ZIP	STAMFORD CT
TITLE	D
NAME	LEJDEKKER, J.W.A.
STREET ADDRESS	REIGERPARK 13, 1444 A
CITY, ST, ZIP	PURMEREND, NETHRLNDS
TITLE	D
NAME	PEEK, E.J.A.
STREET ADDRESS	ORANJENSSAULAAN 33,1075
CITY, ST, ZIP	AMSTERDAM, NETHRLNDS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition
12 NAME	100001517231
13 STREET ADDRESS	-06/20/95--01044--014
14 CITY, ST, ZIP	****225.00 ****225.00
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	☒ Change ☐ Addition
32 NAME	S BRIAN L. NELSON
33 STREET ADDRESS	3467 HAVEN CIRCLE
34 CITY, ST, ZIP	BOCA RATON, FL 33431
41 TITLE	☒ Change ☐ Addition
42 NAME	T MARIE D. CHERY
43 STREET ADDRESS	54 MIDDLEBURY STREET
44 CITY, ST, ZIP	STAMFORD, CT 06902
51 TITLE	☒ Change ☐ Addition
52 NAME	D J.W.A. LEJDEKKER
53 STREET ADDRESS	ROOMEINDE 1
54 CITY, ST, ZIP	1151 AL BROEK IN WATERLAND, NETHERLANDS
61 TITLE	☐ Change ☐ Addition
62 NAME	REMOVED
63 STREET ADDRESS	555 6/16/95
64 CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06-12-95

203 351 2600