


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

FILED
Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90029 022 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P33815 1. Corporation Name SUNBELT-DIX, INC.					
Principal Place of Business C/O JAMES D. PRICE 1 PENN PLAZA, STE 5114 NEW YORK NY 10119 US			Mailing Address COOPERS & LYBRAND C/O DAVID R. SKIFF 100 PEARL STREET HARTFORD CT 06103 US		
2. Principal Place of Business 21 Suite, Apt. #, etc.		2a. Mailing Address 26 PRICEWATERHOUSECOOPERS C/O D. R. Skiff Suite, Apt. #, etc.		3. Date Incorporated or Qualified 05/03/1991	
22 City & State		27 100 Pearl Street City & State		4. FEI Number 51-0335123	
23 Zip Country		28 Hartford, CT City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 25		29 06103 30 USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	DT	<input type="checkbox"/> DELETE			
NAME	PRICE, JAMES D.				
STREET ADDRESS	1172 PARK AVENUE				
CITY-ST-ZIP	NEW YORK NY				
TITLE	AS	<input type="checkbox"/> DELETE			
NAME	SCAIFE, WILLIAM O., JR.				
STREET ADDRESS	5050 EDGEWOOD COURT				
CITY-ST-ZIP	JACKSONVILLE FL				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	BUTLER, SCOTT E.				
STREET ADDRESS	TWO PENN PLAZA, SUITE 1585				
CITY-ST-ZIP	NEW YORK NY				
TITLE	AS	<input type="checkbox"/> DELETE			
NAME	PETERSON, R. D.				
STREET ADDRESS	5050 EDGEWOOD COURT				
CITY-ST-ZIP	JACKSONVILLE FL				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					

SIGNATURE: _____

SIGNATURE REQUIRED

3/16/99

(860) 241-7506

JAMES D. PRICE

Date

Daytime Phone #

CR2E034 (11/98)

0001288