

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P36776** (3)

1. Corporation Name
DATALINE CORPORATION



Principal Place of Business Mailing Address
43 DANBURY RD WILTON CT 06897

3. Date Incorporated or Qualified **12/18/1991** 3a. Date of Last Report **03/24/1995**
4. FEI Number **84-1108242** 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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip 29 Country 30 Country
24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYES ST
SUITE 105
TALLAHASSEE FL 32301**

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 resigning) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DC	<input type="checkbox"/> DELETE
NAME	BELL, HUGH C.	
STREET ADDRESS	43 DANBURY RD	
CITY-ST-ZIP	WILTON CT	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	SIMMETH, WILLIAM J	
STREET ADDRESS	43 DANBURY RD.	
CITY-ST-ZIP	WILTON CT	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	DETROY, THOMAS M	
STREET ADDRESS	43 DANBURY RD.	
CITY-ST-ZIP	WILTON CT	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BAKER, WARREN	
STREET ADDRESS	43 DANBURY RD	
CITY-ST-ZIP	WILTON CT	
TITLE	V	<input type="checkbox"/> DELETE
NAME	KRAYESKI, KENNETH	
STREET ADDRESS	43 DANBURY RD	
CITY-ST-ZIP	WILTON CT	
TITLE	S	<input type="checkbox"/> DELETE
NAME	KANTNER, PERRY	
STREET ADDRESS	555 E WILLIAM ST	
CITY-ST-ZIP	ANN ARBOR MI	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Tom M. Detroy VP* 3/27/96 (203) 762-2473
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: District Phone #

CR2E034 (12/95)