

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

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Apr 18 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P36841

(5)

1. Corporation Name
ERH-USM, INC.

Principal Place of Business
450 POST RD. EAST
WESTPORT CT 06881
US

Mailing Address
450 POST RD. EAST
WESTPORT CT 06880-4402
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/27/1991		3a. Date of Last Report 04/30/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 06-1336500		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET 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			
				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's signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	S	SCOTT, HUGH C	<input type="checkbox"/> DELETE	1.1 TITLE	President	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME		16 HONEYHILL LN		1.2 NAME	Everett Miller III		
STREET ADDRESS		LYME CT		1.3 STREET ADDRESS	98 Winfield Ln.		
CITY, ST, ZIP				1.4 CITY, ST, ZIP	New Canaan, CT 06840		
TITLE	P	MCBRIEN, VINCENT	<input checked="" type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		815 FOREST AVENUE		2.2 NAME			
STREET ADDRESS		WILMETTE IL		2.3 STREET ADDRESS			
CITY, ST, ZIP				2.4 CITY, ST, ZIP			
TITLE	T	WEISS, MARC P	<input type="checkbox"/> DELETE	3.1 TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		72-61 116TH ST		3.2 NAME	55 Godfrey Rd West		
STREET ADDRESS		FOREST HILLS NY		3.3 STREET ADDRESS	Weston, CT 06883		
CITY, ST, ZIP				3.4 CITY, ST, ZIP			
TITLE			<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY, ST, ZIP				4.4 CITY, ST, ZIP			
TITLE			<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY, ST, ZIP				5.4 CITY, ST, ZIP			
TITLE			<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY, ST, ZIP				6.4 CITY, ST, ZIP			

14. I do 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.

SIGNATURE: Marc P. Weiss
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/97 (203) 341-2065
Date Daytime Phone #

CR2E034 (9/96)