FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P38734** **(0)**

1. Corporation Name

2525 EAST ARIZONA BILTMORE CIRCLE CORPORATION

Principal Place of Business	Mailing Address
%TAX DEPT S-260 900 COTTAGE GROVE RD HARTFORD CT 06152 US	%TAX DEPT S-260 900 COTTAG GROVE RD HARTFORD CT 06152 US

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

3. Date Incorporated or Qualified: **05/11/1992**

3a. Date of Last Report: **03/07/1995**

4. FEI Number: **23-2155442** ☐ 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

C T 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 changed

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	KUPCHUNOS, RICHARD H.		1.2 NAME	
STREET ADDRESS	900 COTTAGE GROVE RD		1.3 STREET ADDRESS	
CITY-ST-ZIP	HARTFORD CT		1.4 CITY-ST-ZIP	
TITLE	VPT	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	BLENDER, MARCY F.		2.2 NAME	
STREET ADDRESS	TWO LIBERTY PLACE 1601 CHESTNUT ST		2.3 STREET ADDRESS	
CITY-ST-ZIP	PHILADELPHIA PA		2.4 CITY-ST-ZIP	
TITLE	VP	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	MAHONEY, THOMAS P.		3.2 NAME	
STREET ADDRESS	900 COTTAGE GROVE RD		3.3 STREET ADDRESS	
CITY-ST-ZIP	HARTFORD CT		3.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	KOPP, DAVID C.		4.2 NAME	300001786463
STREET ADDRESS	900 COTTAGE GROVE RD		4.3 STREET ADDRESS	-04/19/96--01007--023
CITY-ST-ZIP	HARTFORD CT		4.4 CITY-ST-ZIP	***200.00
TITLE	AS	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	CHAPIN, BRUCE P.		5.2 NAME	
STREET ADDRESS	900 COTTAGE GROVE RD		5.3 STREET ADDRESS	
CITY-ST-ZIP	HARTFORD CT		5.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	ALBERT, HAROLD W.		6.2 NAME	
STREET ADDRESS	900 COTTAGE GROVE ROAD		6.3 STREET ADDRESS	
CITY-ST-ZIP	HARTFORD CT		6.4 CITY-ST-ZIP	

CR2E034 (12/95)

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)(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: _____ 3/19/96 (860) 726-5245
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Bruce P. Chapin Asst. Secretary