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Mar 06 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 # P38734 (0)
1. Corporation Name
2525 EAST ARIZONA BILTMORE CIRCLE CORPORATION



Principal Place of Business
%TAX DEPT S-280
800 COTTAGE GROVE RD
HARTFORD CT 06152
US

Mailing Address
%TAX DEPT S-280
800 COTTAGE GROVE RD
HARTFORD CT 06152-0001
US

3. Date Incorporated or Qualified 05/11/1992
3a. Date of Last Report 04/18/1996

| | | | | | | | |
|--------------------------------|--|------------------------|--|---|--|--|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 4. FEI Number 23-2155442 | | Applied For | |
| 21 Suite, Apt. #, etc. | | 26 Suite, Apt. #, etc. | | | | 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 | | 30 | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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 |
| 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

Signature of registered agent or officer of corporation and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|------------------------------------|---|--|
| TITLE | P | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KUPCHUNOS, RICHARD H. | 1.2 NAME | |
| STREET ADDRESS | 900 COTTAGE GROVE RD | 1.3 STREET ADDRESS | |
| CITY-STATE-ZIP | HARTFORD CT | 1.4 CITY-STATE-ZIP | |
| TITLE | VPT | 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BLENDER, MARCY F. | 2.2 NAME | |
| STREET ADDRESS | TWO LIBERTY PLACE 1601 CHESTNUT ST | 2.3 STREET ADDRESS | |
| CITY-STATE-ZIP | PHILADELPHIA PA | 2.4 CITY-STATE-ZIP | |
| TITLE | VP | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MAHONEY, THOMAS P. | 3.2 NAME | |
| STREET ADDRESS | 900 COTTAGE GROVE RD | 3.3 STREET ADDRESS | |
| CITY-STATE-ZIP | HARTFORD CT | 3.4 CITY-STATE-ZIP | |
| TITLE | S | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KOPP, DAVID C. | 4.2 NAME | |
| STREET ADDRESS | 900 COTTAGE GROVE RD | 4.3 STREET ADDRESS | |
| CITY-STATE-ZIP | HARTFORD CT | 4.4 CITY-STATE-ZIP | |
| TITLE | AS | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CHAPIN, BRUCE P. | 5.2 NAME | |
| STREET ADDRESS | 900 COTTAGE GROVE RD | 5.3 STREET ADDRESS | |
| CITY-STATE-ZIP | HARTFORD CT | 5.4 CITY-STATE-ZIP | |
| TITLE | D | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ALBERT, HAROLD W. | 6.2 NAME | |
| STREET ADDRESS | 900 COTTAGE GROVE ROAD | 6.3 STREET ADDRESS | |
| CITY-STATE-ZIP | HARTFORD CT | 6.4 CITY-STATE-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:

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

2/19/97

(860) 726-5245

CR2E034 (9/96)