

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P38799**
Corporation Name

~~TRIAD INC. OF CONNECTICUT~~

Principal Place of Business
5 GLASTONBURY BLVD
ASTONBURY CT 06033

Mailing Address
115 GLASTONBURY BLVD
GLASTONBURY CT 06033

FILED
Sep 07, 1999 8:00 am
Secretary of State

09-07-1999 90007 046 ***550.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business 95 Glastonbury Blvd		2a. Mailing Address 95 Glastonbury Blvd		3. Date Incorporated or Qualified 05/14/1992	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 06-1386498 06-1053228	
City & State Glastonbury CT		City & State Glastonbury CT		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 06033		Zip 06033		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country USA		Country USA		8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent WHITNEY, BRIAN D. 442 GULF OF MEXICO LONGBOAT KEY FL 34228				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	

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	
Signature, typed or printed name of registered agent and title if applicable.					
OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
V <input checked="" type="checkbox"/> DELETE SMITH, ELENOR 100 BREEZY HILL RD. COLLINSVILLE CT		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP Whitney Brian D. 125 Partridge Rd Glastonbury, Ct 06033			
C <input checked="" type="checkbox"/> DELETE HOLMES, THOMAS R. 188 SETTLERS HILL RD. SOUTHBURY CT		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP William Husic 57 Fairway Crossing Glastonbury, Ct 06033			
S <input checked="" type="checkbox"/> DELETE WHITNEY, BRIAN D 125 PARTRIDGE LDG GLASTONBURY CT		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP Poole Anne-Marie 96 Spak Rd Willington, Ct 06279			
<input type="checkbox"/> DELETE		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP			
<input type="checkbox"/> DELETE		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP			
<input type="checkbox"/> DELETE		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP			

I 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 Required**

8-12-99 860-633-5283

CR2E034 (5/99)