

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P39312

1. Corporation Name
CANNONDALE CORPORATION

Principal Place of Business

9 BROOKSIDE PLACE
GEORGETOWN CT 06829

Mailing Address

9 BROOKSIDE PLACE
GEORGETOWN CT 06829

FILED
Mar 23, 1999 8:00 am
Secretary of State

03-23-1999 90053 007 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/18/1992

4. FEI Number

06-0871823

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

Trust Fund Contribution

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 16 Trowbridge Drive

Suite, Apt. #, etc.

22 City & State

23 Bethel CT

24 Zip Country

06801

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28

29 Zip Country

30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME MONTGOMERY, JOSEPH S.
STREET ADDRESS 16 TROWBRIDGE DRIVE
CITY-ST-ZIP BETHEL CT 06801

TITLE V
NAME ALLOWAY, DAN
STREET ADDRESS 16 TROWBRIDGE DRIVE
CITY-ST-ZIP BETHEL CT 06801

TITLE V
NAME LUCA, WILLIAM
STREET ADDRESS 16 TROWBRIDGE DRIVE
CITY-ST-ZIP BETHEL CT 06801

TITLE AT
NAME MORIARTY, JOHN
STREET ADDRESS 16 TROWBRIDGE DRIVE
CITY-ST-ZIP BETHEL CT 06801

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Director
1.2 NAME Sally Palmer
1.3 STREET ADDRESS 1424 Lake Street
1.4 CITY-ST-ZIP San Francisco CA 94118

2.1 TITLE Director
2.2 NAME Greg Griffin
2.3 STREET ADDRESS 333 Ludlowe
2.4 CITY-ST-ZIP Stamford CT 06901

3.1 TITLE Director
3.2 NAME Michael Stimola
3.3 STREET ADDRESS 9 Brookside Pl
3.4 CITY-ST-ZIP Georgetown CT 06829

4.1 TITLE Director
4.2 NAME James Scott Montgomery
4.3 STREET ADDRESS 113 Calle Marquerite
4.4 CITY-ST-ZIP Sedona AZ 86336

5.1 TITLE Asst Treasurer
5.2 NAME Christopher Mari
5.3 STREET ADDRESS 16 Trowbridge Drive
5.4 CITY-ST-ZIP Bethel CT 06801

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

3/17/99

203-749-7060

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)