

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 # **P39429** (6)  
1. Corporation Name  
**HUTTON STORAGE SERVICES, INC.**



Principal Place of Business  
**3 WORLD FINANCIAL CENTER  
29TH FLOOR  
NEW YORK NY 10285  
US**

Mailing Address  
**C/O THE SHAREHOLDER SERVICES GROUP  
P.O. BOX 1527  
BOSTON MA 02104**

3. Date Incorporated or Qualified **07/06/1992** 3a. Date of Last Report **05/01/1995**

4. FEI Number **11-2734197** 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

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country

2a. Mailing Address  
26 **First Data Investor Services Group**  
27 Suite, Apt. #, etc.  
28 City & State  
29 Zip  
30 Country

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
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 **FL**

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 13. If applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	ABBOTT, PAUL L.	1.2 NAME	
STREET ADDRESS	3 WORLD FINANCIAL CENTER 29TH FL	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10285	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	
NAME	GREIG, JAMES L.	2.2 NAME	
STREET ADDRESS	3 WORLD FINANCIAL CENTER 29TH FL	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10285	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	
NAME	GILFENBAUM, AMY	3.2 NAME	
STREET ADDRESS	3 WORLD FINANCIAL CENTER 29TH FL	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10285	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	
NAME	MANSON, KAREN	4.2 NAME	
STREET ADDRESS	3 WORLD FINANCIAL CENTER 29TH FL	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10285	4.4 CITY-ST-ZIP	
TITLE	AT	5.1 TITLE	
NAME	MARTINO, STEPHEN	5.2 NAME	
STREET ADDRESS	31 ST. JAMES AVENUE 6TH FL	5.3 STREET ADDRESS	
CITY-ST-ZIP	BOSTON MA 02116	5.4 CITY-ST-ZIP	
TITLE	AT	6.1 TITLE	
NAME	TERNULLO, JOSEPH	6.2 NAME	
STREET ADDRESS	31 ST. JAMES AVENUE 6TH FL	6.3 STREET ADDRESS	
CITY-ST-ZIP	BOSTON FL 02116	6.4 CITY-ST-ZIP	

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)(k), 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:

*Cynthia Griesinger*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Cynthia Griesinger* 4/25/96 (617) 350 2096  
Date Daytime Phone #

CR2E034 (12/95)