

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P39598

(8)

1. Corporation Name

FOUNTAINHEAD TECHNOLOGIES, INC.

Principal Place of Business

501 VALLEY STREET
PROVIDENCE RI 02908
US

Mailing Address

501 VALLEY STREET
PROVIDENCE RI 02908
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/07/1992

3a. Date of Last Report

04/22/1994

4. FEI Number

04-2800924

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

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 S PINE ISLAND ROAD
PLANTATION FL 33324

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 registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CPT
NAME	LUBRANO, FRANCIS
STREET ADDRESS	501 VALLEY STREET
CITY- ST- ZIP	PROVIDENCE RI
TITLE	D
NAME	CARROLL, TIM
STREET ADDRESS	25 FORD ROAD, SUITE 200
CITY- ST- ZIP	WESTPORT CT
TITLE	D
NAME	LINCOLN, MICHAEL
STREET ADDRESS	25 FORD ROAD, SUITE 200
CITY- ST- ZIP	WESTPORT CT
TITLE	D
NAME	GREEN, STEPHEN
STREET ADDRESS	105 ROWAYTON AVE
CITY- ST- ZIP	ROWAYTON CT
TITLE	CFO
NAME	MARK L. HOGAN
STREET ADDRESS	7 Fishhawk Lane
CITY- ST- ZIP	Bristol RI
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 13 or 14 (above), or on an attachment with an address.

SIGNATURE:

SIGNATURE (AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

MARK L. HOGAN

2-27-95

Date

(401)

725-5990

Telephone #