FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 15 PM 3:08

DOCUMENT # P39958 (4)

1. Corporation Name
HOFHEIMER'S INC.

Principal Place of Business
804 GREENBRIER CIRCLE, SUITE A
CHESAPEAKE VA 23320

Mailing Address
804 GREENBRIER CIRCLE, SUITE A
CHESAPEAKE VA 23320

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/07/1992
3a. Date of Last Report: 03/31/1994

2. Principal Place of Business
21 41 Seguin Drive
22 Suite, Apt. #, etc.
23 City & State: Glastonbury CT
24 Zip: 06033
25 Country

2a. Mailing Address
26 41 Seguin Drive
27 Suite, Apt. #, etc.
28 City & State: Glastonbury CT
29 Zip: 06033
30 Country

4. FEI Number: 54-1619062 — 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
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 _____ (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS

TITLE	DCS
NAME	MCDUFF, J. DUNCAN
STREET ADDRESS	804 GREENBRIER CIRCLE
CITY-ST-ZIP	CHESAPEAKE VA
TITLE	P
NAME	LAYNE, AUBREY L.
STREET ADDRESS	804 GREENBRIER CIRCLE
CITY-ST-ZIP	CHESAPEAKE VA
TITLE	AS
NAME	SNOW, DAWN H
STREET ADDRESS	804 GREENBRIER CIRCLE
CITY-ST-ZIP	CHESAPEAKE VA
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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	DC ☑ Change ☐ Addition
1.2 NAME	Joachim Gabor
1.3 STREET ADDRESS	41 Seguin Drive
1.4 CITY-ST-ZIP	Glastonbury CT 06033
2.1 TITLE	P ☑ Change ☐ Addition
2.2 NAME	Louis E Schwartz
2.3 STREET ADDRESS	41 Seguin Drive
2.4 CITY-ST-ZIP	Glastonbury CT 06033
3.1 TITLE	V ☑ Change ☐ Addition
3.2 NAME	Michael R Flanigan
3.3 STREET ADDRESS	41 Seguin Drive
3.4 CITY-ST-ZIP	Glastonbury CT 06033
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 Block 13 if changed, or on an attachment with an address.

SIGNATURE: Michael R Flanigan Michael R Flanigan 2/8/95 203 653-7463
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0488934 FN