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 # **P40053** **(1)**

1. Corporation Name

CM PROPERTY MANAGEMENT, INC.

Principal Place of Business
140 GARDEN ST.
HARTFORD CT 06154

Mailing Address
140 GARDEN ST.
HARTFORD CT 06154

3. Date Incorporated or Qualified: 08/11/1992
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 06-0966532 — 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 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 FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1608, 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. Hereby, accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☒ DELETE
NAME	BATES, EDWARD B.	
STREET ADDRESS	46 IRONWOOD RD.	
CITY-ST-ZIP	WEST HARTFORD CT	
TITLE	D	☒ DELETE
NAME	BRIMMER, ANDREW F.	
STREET ADDRESS	4910 32ND ST., NW	
CITY-ST-ZIP	WASHINGTON DC	
TITLE	D	☒ DELETE
NAME	CHAO, GENE	
STREET ADDRESS	733 SW VISTA AVE.	
CITY-ST-ZIP	PORTLAND OR	
TITLE	AT	☒ DELETE
NAME	ANDERSON, RAYMOND W.	
STREET ADDRESS	140 GARDEN ST	
CITY-ST-ZIP	HARTFORD CT	
TITLE	D	☐ DELETE
NAME	FARLEY, WILLIAM H.	
STREET ADDRESS	16 SAW MILL RD.	
CITY-ST-ZIP	WEST SIMSBURY CT	
TITLE	D	☒ DELETE
NAME	HANDY, ALICE	
STREET ADDRESS	HCRL BOX 50	
CITY-ST-ZIP	FREE UNION VA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	DIRECTOR	☐ Change ☒ Addition
12 NAME	DAVID E. SAMS, JR	
13 STREET ADDRESS	140 GARDEN ST	
14 CITY-ST-ZIP	HARTFORD,CT 06154	
21 TITLE	DIRECTOR	☐ Change ☒ Addition
22 NAME	J. BRINKE MARCUCCILLI	
23 STREET ADDRESS	140 GARDEN ST.	
24 CITY-ST-ZIP	HARTFORD, CT 06154	
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied within this filing, if voluntarily furnished and does not apply for the exemption statutory in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated on this 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: Raymond W Anderson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-4-96 (860) 987-6500
Date Daytime Phone #