

ANNUAL REPORT
1995

DEPARTMENT OF REVENUE
DIVISION OF CORPORATIONS

DOCUMENT # **P40297**

(4)

1. Corporation Name

CDC MANAGEMENT CORPORATION

95 APR 21 AM 8:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

17 TALCOTT NOTCH ROAD
FARMINGTON CT 06032

Mailing Address

17 TALCOTT NOTCH ROAD
FARMINGTON CT 06032

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/02/1992

3a. Date of Last Report

06/15/1994

4. FEI Number

06-1232874

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

7. Does corporation have a pending or proposed change of name or address?

Florida Statutes

☐ Yes

☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

29

City & State

30

9. Name and Address of Current Registered Agent

**WOLFE, LARRY
200 A JOHN KNOX RD.
TALLAHASSEE FL 32303-6643**

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 **MDP**
NAME **GREENBLATT, ARTHUR**
STREET ADDRESS **14 CYPRESS RD**
CITY - ST - ZIP **WEST HARTFORD CT**

TITLE **MDV**
NAME **ERIE, STEVEN L.**
STREET ADDRESS **274 WESTLEDGE**
CITY - ST - ZIP **WEST SIMSBURY CT**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

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 110.07(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 applicable, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ARTHUR GREENBLATT

MANAGING DIRECTOR

Date

Daytime Phone #

(203) 2676-9000