

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P92000009612 (2)

1. Corporation Name:
DEL HARBOR, INC.



Principal Place of Business
260 LONG RIDGE ROAD
STAMFORD CT 06927

Mailing Address
DEPT. 8109
260 LONG RIDGE RD.
STAMFORD CT 06927-1800
US

3. Date Incorporated or Qualified
12/07/1992

3a. Date of Last Report
04/14/1996

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

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

4. FEI Number
65-0384224

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
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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DVP	1.1 TITLE	First Treas - Tax
NAME	SIWULEC, ANDREW P	1.2 NAME	GARY J. SCHULMAN
STREET ADDRESS	499 THORNALL ST	1.3 STREET ADDRESS	260 Long Ridge Rd
CITY-ST-ZIP	EDISON NJ 08837	1.4 CITY-ST-ZIP	Stamford CT 06927
TITLE	DP	2.1 TITLE	
NAME	SASSAMAN, DENNIS	2.2 NAME	
STREET ADDRESS	499 THORNALL ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	EDISON NJ 08837	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	
NAME	SCHERER, BRADLEY A	3.2 NAME	
STREET ADDRESS	1601 BLEVEDERE RD., #110E	3.3 STREET ADDRESS	
CITY-ST-ZIP	W. PALM BEACH FL 33401	3.4 CITY-ST-ZIP	
TITLE	AS	4.1 TITLE	
NAME	BURGWINKLE, MARY E	4.2 NAME	
STREET ADDRESS	499 THORNALL ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	EDISON NJ	4.4 CITY-ST-ZIP	
TITLE	AS	5.1 TITLE	
NAME	KELLER, KAREN H	5.2 NAME	
STREET ADDRESS	499 THORNALL ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	EDISON NJ	5.4 CITY-ST-ZIP	
TITLE	S	6.1 TITLE	
NAME	SPERGER, JOHN M	6.2 NAME	
STREET ADDRESS	499 THORNALL ST.	6.3 STREET ADDRESS	
CITY-ST-ZIP	EDISON NJ	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-97 203-467-4544
Date Daytime Phone #

0001873

CR2E034 (9/96)