

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90016 035 ***150.00

DOCUMENT # P92000009612

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 06927-9621
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/07/1992

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ATT
NAME SCHULMAN, GARY J
STREET ADDRESS 260 LONG RIDGE RD.
CITY-ST-ZIP STAMFORD CT

TITLE DP
NAME SASSAMAN, DENNIS
STREET ADDRESS 499 THORNALL ST
CITY-ST-ZIP EDISON NJ 08837

TITLE V
NAME SCHERER, BRADLEY A
STREET ADDRESS 1601 BLEVEDERE RD., #110E
CITY-ST-ZIP W. PALM BEACH FL 33401

TITLE AS
NAME BURGWINKLE, MARY E
STREET ADDRESS 499 THORNALL ST.
CITY-ST-ZIP EDISON NJ

TITLE AS
NAME KELLER, KAREN H
STREET ADDRESS 499 THORNALL ST.
CITY-ST-ZIP EDISON NJ

TITLE S
NAME SPERGER, JOHN M
STREET ADDRESS 499 THORNALL ST.
CITY-ST-ZIP EDISON NJ

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ATT
1.2 NAME John Amato
1.3 STREET ADDRESS 777 Long Ridge Rd
1.4 CITY-ST-ZIP Stamford, CT 06927

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 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, with all other like empowered.

203-357-4544

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)