

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 # P94000045036 (8)

1. Corporation Name

SALERNO/UNIONOREO, INC.

Principal Place of Business

C/O UNION TRUST COMPANY
5 RESEARCH DRIVE
SHELTON CT 06484

Mailing Address

C/O UNION TRUST COMPANY
5 RESEARCH DRIVE
SHELTON CT 06484



3. Date Incorporated or Qualified

06/16/1994

3a. Date of Last Report

02/01/1995

4. FEI Number

58-2124014

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

C/O C T CORPORATION SYSTEM
1200 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

Signature typed or printed name of registered agent and its address

NOTE: Registered Agent signature required when registering

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
CHALIAN, MICHAEL R
5 RESEARCH DRIVE
SHELTON CT 06484

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
MURPHY, FRANCIS X
550 BROAD STREET
NEWARK NJ 07102

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
KNOTTS, ALBERT L
300 MAIN STREET
STAMFORD CT

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DVP
LAMOTHE, ROLAND K
5 RESEARCH DRIVE
SHELTON CT

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
S
BICKET, PATRICIA A.
550 BROAD STREET
NEWARK NJ

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
T
OLDI, CONRAD J.
570 BROAD STREET
NEWARK NJ

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE
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

7.1 TITLE
7.2 NAME
7.3 STREET ADDRESS
7.4 CITY - ST - ZIP

8.1 TITLE
8.2 NAME
8.3 STREET ADDRESS
8.4 CITY - ST - ZIP

ISOLDI, CONRAD J.

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:

Patricia A. Bicket

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/96

201-545-1694

CR2E034 (12/95)