

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

DOCUMENT # P97000008457

1. Corporation Name

CTI OF WEST VIRGINIA, INC.

Principal Place of Business

4491 SOUTH STATE ROAD SEVEN #200
FORT LAUDERDALE FL 33314

Mailing Address

4491 SOUTH STATE ROAD SEVEN #200
FORT LAUDERDALE FL 33314

FILED
Apr 13, 1999 8:00 am
Secretary of State

04-13-1999 90103 018 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/23/1997

4. FEI Number

65-0740893

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

9. Name and Address of Current Registered Agent

BOISVERT, LOUIS W III
4491 SOUTH STATE ROAD SEVEN #200
FORT LAUDERDALE FL 33314

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 DP ☐ DELETE

NAME KLAMM, ULLRICH PH.D.
STREET ADDRESS 4491 SOUTH STATE ROAD SEVEN #200
CITY-ST-ZIP FORT LAUDERDALE FL 33314

TITLE DVP ☒ DELETE

NAME BOISVERT, LOUIS W III
STREET ADDRESS 4491 SOUTH STATE ROAD SEVEN #200
CITY-ST-ZIP FORT LAUDERDALE FL 33314

TITLE S ☐ DELETE

NAME O'DONNELL, CAROL BEFANIS
STREET ADDRESS 4491 S STATE ROAD SEVEN #200
CITY-ST-ZIP FT. LAUDERDALE FL 33314

TITLE AS ☒ DELETE

NAME ORSINI, FRANCINE
STREET ADDRESS 4491 S STATE ROAD SEVEN #200
CITY-ST-ZIP FT. LAUDERDALE FL 33314

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

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

c/o 540 Joan Dr.
Fairfield, CT 06430-2207

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

540 Joan Dr.
Fairfield, CT 06430-2207

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.

SIGNATURE:

Carol O'Donnell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-99

Date

(203) 254-7765

Daytime Phone #

CR2E034 (11/98)