FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 8:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S02008 (8) FW 602

1. Corporation Name
C.S. TOWNHOME CORP.

500001482025
-05/10/95 -01012 -001
***2000.00 ****200.00

Principal Place of Business	Mailing Address
260 LONG RIDGE ROAD STAMFORD CT 06927 US	260 LONG RIDGE ROAD STAMFORD CT 06927 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/25/1990
3a. Date of Last Report: 03/07/1994

2. Principal Place of Business (21) / Suite, Apt. #, etc. (22) / City & State (23) / Zip (24) / Country (25)

2a. Mailing Address (26) / Suite, Apt. #, etc. (27) / City & State (28) / Zip (29) / Country (30)
GE CAPITAL CORPORATION
P.O. BOX 9552
FT. MYERS, FL 33906-9552
Attn: Shannon Williams

4. FEI Number: 65-0227838 — 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: 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
11 TITLE	D	11 TITLE	A/T	☐ Change ☒ Addition
12 NAME	SCHIAVETTI, ALFRED J.	12 NAME	Oscar Garza	
13 STREET ADDRESS	499 THORNALL STREET	13 STREET ADDRESS	4211 Metro Parkway	
14 CITY ST ZIP	EDISON NJ	14 CITY ST ZIP	Ft Myers, FL 33916	
21 TITLE	S	21 TITLE		☐ Change ☐ Addition
22 NAME	SPERGER, JOHN	22 NAME		
23 STREET ADDRESS	499 THORNALL ST	23 STREET ADDRESS		
24 CITY ST ZIP	EDISON NJ	24 CITY ST ZIP		
31 TITLE	DVP	31 TITLE		☐ Change ☐ Addition
32 NAME	SIWULEC, ANDREW P.	32 NAME		
33 STREET ADDRESS	499 THORNALL ST.	33 STREET ADDRESS		
34 CITY ST ZIP	EDISON NJ	34 CITY ST ZIP		
41 TITLE	T	41 TITLE		☐ Change ☐ Addition
42 NAME	EBBERT, DONALD W.	42 NAME		
43 STREET ADDRESS	499 THORNALL ST.	43 STREET ADDRESS		
44 CITY ST ZIP	EDISON NJ	44 CITY ST ZIP		
51 TITLE	AS	51 TITLE		☐ Change ☐ Addition
52 NAME	BURGWINKLE, MARY E	52 NAME		
53 STREET ADDRESS	499 THORNALL ST.	53 STREET ADDRESS		
54 CITY ST ZIP	EDISON NJ	54 CITY ST ZIP		
61 TITLE	VP	61 TITLE		☐ Change ☐ Addition
62 NAME	SCHERER, BRADLEY A.	62 NAME		
63 STREET ADDRESS	1601 BELVEDERE RD, 1103	63 STREET ADDRESS		
64 CITY ST ZIP	W. PALM BCH. FL	64 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 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, added or deleted.

SIGNATURE: [signature] 4/27/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ASSISTANT TREASURER
STATE TAXES

0000484 CP