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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

DOCUMENT # S02008 (8)

1. Corporation Name
C.S. TOWNHOME CORP.

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

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

3. Date Incorporated or Qualified 09/25/1990 3a. Date of Last Report 04/14/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 65-0227838		Applied For Not Applicable	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23 Zip		28 Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
24 Country		29 Country					

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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	ASST TREAS - TAX
NAME	SCHIAVETTI, ALFRED J.	1.2 NAME	GARY J. Schulman
STREET ADDRESS	499 THORNALL STREET	1.3 STREET ADDRESS	260 Long Ridge Rd
CITY-ST-ZIP	EDISON NJ	1.4 CITY-ST-ZIP	Stamford, CT 06927
TITLE	S	2.1 TITLE	
NAME	SPERGER, JOHN	2.2 NAME	
STREET ADDRESS	499 THORNALL ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	EDISON NJ	2.4 CITY-ST-ZIP	
TITLE	DVP	3.1 TITLE	
NAME	SMULEC, ANDREW P.	3.2 NAME	
STREET ADDRESS	499 THORNALL ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	EDISON NJ	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	
NAME	EBBERT, DONALD W.	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	BURGINKLE, MARY E	5.2 NAME	
STREET ADDRESS	499 THORNALL ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	EDISON NJ	5.4 CITY-ST-ZIP	
TITLE	VP	6.1 TITLE	
NAME	SCHERER, BRADLEY A.	6.2 NAME	
STREET ADDRESS	1601 BELVEDERE RD, 1103	6.3 STREET ADDRESS	
CITY-ST-ZIP	W. PALM BCH. FL	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:

GARY J. SCHULMAN

4-27-97

203-351-4844

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)