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

FILED
May 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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 06927-9621

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/25/1990**

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

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D ☐ DELETE	1.1 TITLE	Asst T Reas. Taxes	☐ Change ☒ Addition
NAME	SCHIAVETTI, ALFRED J.	1.2 NAME	Gary J. Schulman	
STREET ADDRESS	499 THORNALL STREET	1.3 STREET ADDRESS	260 Long Ridge Road	
CITY-ST-ZIP	EDISON NJ	1.4 CITY-ST-ZIP	Stamford CT 06927	
TITLE	S ☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
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 ☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SIWULEC, 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 ☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
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 ☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BURGWINKLE, 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 ☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
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 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: [signature] GARY J. SCHULMAN 4-27-98 203-357-4544

CR2E034 (10/97)