

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

FILED
May 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P33979 (6)
 1. Corporation Name
EBI COMPANIES, INC.



Principal Place of Business 9 FARM SPRINGS DRIVE FARMINGTON CT 06032	Mailing Address 9 FARM SPRINGS DRIVE FARMINGTON CT 06032-2569
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21 2. Principal Place of Business	2a Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified 05/10/1991	3a. Date of Last Report 04/25/1996
4. FEI Number 06-1287148	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
 1200 S. 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
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRUBER, ALAN R.	1.2 NAME	
STREET ADDRESS	600 FIFTH AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	1.4 CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> DELETE	2.1 TITLE	D, C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACOBSEN, RAYMOND W.	2.2 NAME	
STREET ADDRESS	9 FARM SPRINGS DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	FARMINGTON CT	2.4 CITY-ST-ZIP	
TITLE	SVCT <input type="checkbox"/> DELETE	3.1 TITLE	D, SVP, CFO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARRY, DANIEL L.	3.2 NAME	
STREET ADDRESS	9 FARM SPRINGS DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	FARMINGTON CT	3.4 CITY-ST-ZIP	
TITLE	SVAS <input type="checkbox"/> DELETE	4.1 TITLE	D, SVP, CLO, AS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MALONEY, MICHAEL P.	4.2 NAME	
STREET ADDRESS	600 FIFTH AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	4.4 CITY-ST-ZIP	
TITLE	VGCS <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FULLWOOD, STANLEY G.	5.2 NAME	
STREET ADDRESS	9 FARM SPRINGS DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	FARMINGTON CT	5.4 CITY-ST-ZIP	
TITLE	VC <input checked="" type="checkbox"/> DELETE	6.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOLLEN, LARRY D	6.2 NAME	James W. Webb
STREET ADDRESS	9 FARM SPRINGS DR	6.3 STREET ADDRESS	9 Farm Springs Drive
CITY-ST-ZIP	FARMINGTON CT	6.4 CITY-ST-ZIP	Farmington, CT 06032

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: James W. Webb James W. Webb 4/2/97 (860) 674-2512

CR2E034 (9/96)