

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

FILED
Apr 23 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 # 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
--	--

DO NOT WRITE IN THIS SPACE

21 2. Principal Place of Business	26 2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip Country	Zip Country
24	29
	30

3. Date Incorporated or Qualified 05/10/1991	
4. FEI Number 06-1287148	Applied For <input type="checkbox"/> 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input 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 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	
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	GRUBER, ALAN R.
STREET ADDRESS	600 FIFTH AVENUE
CITY-ST-ZIP	NEW YORK NY
TITLE	DC <input type="checkbox"/> DELETE
NAME	JACOBSEN, RAYMOND W.
STREET ADDRESS	9 FARM SPRINGS DR
CITY-ST-ZIP	FARMINGTON CT
TITLE	DVPC <input checked="" type="checkbox"/> DELETE
NAME	BARRY, DANIEL L.
STREET ADDRESS	9 FARM SPRINGS DR
CITY-ST-ZIP	FARMINGTON CT
TITLE	DVPS <input type="checkbox"/> DELETE
NAME	MALONEY, MICHAEL P.
STREET ADDRESS	600 FIFTH AVENUE
CITY-ST-ZIP	NEW YORK NY
TITLE	VGCS <input checked="" type="checkbox"/> DELETE
NAME	FULLWOOD, STANLEY G.
STREET ADDRESS	9 FARM SPRINGS DR.
CITY-ST-ZIP	FARMINGTON CT
TITLE	VP <input type="checkbox"/> DELETE
NAME	WEBB, JAMES W
STREET ADDRESS	9 FARMS SPRINGS DR
CITY-ST-ZIP	FARMINGTON CT

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	D/C/CEO/ <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	W. Marston Becker
1.3 STREET ADDRESS	9 Farm Springs Road
1.4 CITY-ST-ZIP	Farmington, CT 06032
2.1 TITLE	D/P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	500 Park Boulevard
2.4 CITY-ST-ZIP	Itasca, IL 60143
3.1 TITLE	VP/T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Craig A. Nyman
3.3 STREET ADDRESS	9 Farm Springs Road
3.4 CITY-ST-ZIP	Farmington, CT06032
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Judy S. Spitzer
5.3 STREET ADDRESS	9 Farm Springs Road
5.4 CITY-ST-ZIP	Farmington, CT 06032
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

SIGNATURE: James W. Webb James W. Webb, Vice President 14 April 98 (860) 674-6600

CR2E034 (10/97)