


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

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90072 044 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P33979

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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 9 Farm Springs Road Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 9 Farm Springs Road Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	3. Date Incorporated or Qualified 05/10/1991	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 owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No
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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
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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 DCEO <input type="checkbox"/> DELETE	NAME BECKER, W M	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 9 FARM SPRINGS ROAD	CITY-ST-ZIP FARMINGTON CT 06032	1.2 NAME	
TITLE DP <input type="checkbox"/> DELETE	NAME JACOBSEN, RAYMOND W.	1.3 STREET ADDRESS	
STREET ADDRESS 500 PARK BOULVDARD	CITY-ST-ZIP ITASCA IL 60143	1.4 CITY-ST-ZIP	
TITLE VPT <input type="checkbox"/> DELETE	NAME NYMAN, CRAIG A	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 9 FARM SPRINGS DR	CITY-ST-ZIP FARMINGTON CT 06032	2.2 NAME	
TITLE DVPS <input checked="" type="checkbox"/> DELETE	NAME MALONEY, MICHAEL P.	2.3 STREET ADDRESS	
STREET ADDRESS 600 FIFTH AVENUE	CITY-ST-ZIP NEW YORK NY	2.4 CITY-ST-ZIP	
TITLE S <input type="checkbox"/> DELETE	NAME SPITZER, JUDY S	3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 9 FARM SPRINGS DR.	CITY-ST-ZIP FARMINGTON CT 06032	3.2 NAME	
TITLE VP <input type="checkbox"/> DELETE	NAME WEBB, JAMES W	3.3 STREET ADDRESS	9 Farm Springs Road
STREET ADDRESS 9 FARMS SPRINGS DR	CITY-ST-ZIP FARMINGTON CT	3.4 CITY-ST-ZIP	
		4.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	D/EVP/AS
		4.2 NAME	John J. McCann
		4.3 STREET ADDRESS	9 Farm Springs Road
		4.4 CITY-ST-ZIP	Farmington, CT 06032
		5.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
		5.2 NAME	
		5.3 STREET ADDRESS	9 Farm Springs Road
		5.4 CITY-ST-ZIP	
		6.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
		6.2 NAME	
		6.3 STREET ADDRESS	9 Farm Springs Road
		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, with all other like empowered.

SIGNATURE: James W. Webb James W. Webb 27 April 99 (860) 674-2512
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)