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FILED
Feb 17 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 # 810729 (4)
 1. Corporation Name
COMBUSTION ENGINEERING, INC.



Principal Place of Business: **501 MERRITT 7 NORWALK CT 06851**
 Mailing Address: **P.O. BOX 5308 NORWALK CT 06856**

3. Date Incorporated or Qualified: **01/09/1956** 3a. Date of Last Report: **04/23/1996**
 4. FEI Number: **13-1587569** 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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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**

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	P <input checked="" type="checkbox"/> DELETE
NAME	SLEMBER, RICHARD J
STREET ADDRESS	20 BEAGLING HILL CIRCLE
CITY-ST-ZIP	FAIRFIELD CT 06430
TITLE	AS <input type="checkbox"/> DELETE
NAME	JEWELL, RICHARD W.
STREET ADDRESS	52 GREEN MEADOW LANE
CITY-ST-ZIP	NEW CANAAN CT
TITLE	D <input type="checkbox"/> DELETE
NAME	POWERS, TIMOTHY L
STREET ADDRESS	60 WOODHOUSE RD.
CITY-ST-ZIP	FAIRFIELD CT 06430
TITLE	D <input type="checkbox"/> DELETE
NAME	SOHLEN, BENGT S.
STREET ADDRESS	7 CLIFFSIDE LANE
CITY-ST-ZIP	MT. KISCO NY 10549
TITLE	D <input type="checkbox"/> DELETE
NAME	BURT, RICHARD M
STREET ADDRESS	41 OVAL AVE.
CITY-ST-ZIP	RIVERSIDE CT 06878
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition (NEW)
1.2 NAME	PETER JANSON
1.3 STREET ADDRESS	81 SAWMILL LANE
1.4 CITY-ST-ZIP	GREENWICH, CT 06830
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 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: **X** **R.W. JEWELL**

 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **ASS'T SECRETARY** Date: **2/3/97** Daytime Phone: **203-961-7700**

CR2E034 (9/96)