

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

**FILED**

**Mar 25 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 810729 (4)**

1. Corporation Name  
**COMBUSTION ENGINEERING, INC.**



Principal Place of Business <b>501 MERRITT 7 NORWALK CT 06851</b>	Mailing Address <b>P.O. BOX 5308 NORWALK CT 06856-5308</b>
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DO NOT WRITE IN THIS SPACE

<b>21</b> 2. Principal Place of Business	<b>2a.</b> Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
<b>22</b> City & State	<b>27</b> City & State
<b>23</b> Zip Country	<b>28</b> Zip Country
<b>24</b> Zip	<b>25</b> Country
<b>29</b> Zip	<b>30</b> Country

<b>3.</b> Date Incorporated or Qualified <b>01/09/1956</b>	
<b>4.</b> FEI Number <b>13-1587569</b>	Applied For <input type="checkbox"/> Not Applicable
<b>5.</b> Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>8.</b> 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**

<b>81</b> Name	
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)	
<b>83</b>	
<b>84</b> City	<b>85</b> 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** Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**12. OFFICERS AND DIRECTORS**

TITLE	<b>P</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>JANSON, PETER</b>	
STREET ADDRESS	<b>81 SAWMILL LN</b>	
CITY-ST-ZIP	<b>GREENWICH CT</b>	
TITLE	<b>AS</b>	<input type="checkbox"/> DELETE
NAME	<b>JEWELL, RICHARD W.</b>	
STREET ADDRESS	<b>52 GREEN MEADOW LANE</b>	
CITY-ST-ZIP	<b>NEW CANAAN CT</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>POWERS, TIMOTHY L</b>	
STREET ADDRESS	<b>60 WOODHOUSE RD.</b>	
CITY-ST-ZIP	<b>FAIRFIELD CT 06430</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>SOHLEN, BENGT S.</b>	
STREET ADDRESS	<b>7 CLIFFSIDE LANE</b>	
CITY-ST-ZIP	<b>MT. KISCO NY 10549</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BURT, RICHARD M</b>	
STREET ADDRESS	<b>41 OVAL AVE.</b>	
CITY-ST-ZIP	<b>RIVERSIDE CT 06878</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

<b>1.1</b> TITLE	<b>PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>1.2</b> NAME	<b>RICHARD S. SIUDEK</b>	
<b>1.3</b> STREET ADDRESS	<b>1000 PROSPECT HILL RD</b>	
<b>1.4</b> CITY-ST-ZIP	<b>WINDSOR, CT 06095</b>	
<b>2.1</b> TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>2.2</b> NAME		
<b>2.3</b> STREET ADDRESS		
<b>2.4</b> CITY-ST-ZIP		
<b>3.1</b> TITLE	<b>DIRECTOR</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>3.2</b> NAME	<b>RICHARD F. CRONIN</b>	
<b>3.3</b> STREET ADDRESS	<b>1000 PROSPECT HILL ROAD</b>	
<b>3.4</b> CITY-ST-ZIP	<b>WINDSOR, CT 06095</b>	
<b>4.1</b> TITLE	<b>DIRECTOR</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>4.2</b> NAME	<b>DANIEL M. KUZMAK</b>	
<b>4.3</b> STREET ADDRESS	<b>1000 PROSPECT HILL RD</b>	
<b>4.4</b> CITY-ST-ZIP	<b>WINDSOR, CT 06095</b>	
<b>5.1</b> TITLE	<b>R. GENE KEMP, JR.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>5.2</b> NAME	<b>DIRECTOR</b>	
<b>5.3</b> STREET ADDRESS	<b>1000 PROSPECT HILL RD</b>	
<b>5.4</b> CITY-ST-ZIP	<b>WINDSOR CT 06095</b>	
<b>6.1</b> TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>6.2</b> NAME		
<b>6.3</b> STREET ADDRESS		
<b>6.4</b> 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]* **R.W. JEWELL**  
**ASS'T SECRETARY**

CR2E034 (10/97)