

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

**FILED**  
**Mar 10, 1999 8:00 am**  
**Secretary of State**

03-10-1999 90161 044 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # 810729

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



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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address  
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
 22 City & State 27 City & State  
 23 Zip Country 28 Zip Country  
 24 25 29 30

3. Date Incorporated or Qualified  
**01/09/1956**  
 4. FEI Number Applied For  
**13-1587569** 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  
 7. This corporation owes the current year Intangible Personal Property Tax.  Yes  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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	<b>P</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>SIUDEK, RICHARD</b>	
STREET ADDRESS	<b>1000 PROSPECT HILL RD</b>	
CITY-ST-ZIP	<b>WINDSOR CT 06095</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>CRONIN, RICHARD F</b>	
STREET ADDRESS	<b>1000 PROSPECT HILL RD</b>	
CITY-ST-ZIP	<b>WINDSOR CT 06095</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>KUZMAK, DANIEL M</b>	
STREET ADDRESS	<b>1000 PROSPECT HILL RD</b>	
CITY-ST-ZIP	<b>WINDSOR CT 06095</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>KEMP, GENE R JR</b>	
STREET ADDRESS	<b>1000 PROSPECT HILL RD</b>	
CITY-ST-ZIP	<b>WINDSOR CT 06095</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	<b>PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>MICHAEL BARNOSKI</b>	
1.3 STREET ADDRESS	<b>1000 PROSPECT HILL RD</b>	
1.4 CITY-ST-ZIP	<b>WINDSOR, CT 06095</b>	
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	<b>SECRETARY, DIRECTOR</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>THOMAS N. SACCO</b>	
3.3 STREET ADDRESS	<b>1000 PROSPECT HILL RD</b>	
3.4 CITY-ST-ZIP	<b>WINDSOR, CT 06095</b>	
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	<b>ASS'T SECRETARY, ASS'T TREAS</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>JULIETTA GUARINO</b>	
6.3 STREET ADDRESS	<b>ONE STAMFORD PLAZA</b>	
6.4 CITY-ST-ZIP	<b>STAMFORD CT 06095</b>	

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: *Julietta Guarino* ASSISTANT SECRETARY 2/12/99 203-961-7906  
DATE DAYTIME PHONE #

CR2E034 (1/198)