


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 17, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # F05000006004**

1. Entity Name  
**THE EASTERN COMPANY**



Principal Place of Business  
**112 BRIDGE STREET  
NAUGATUCK, CT 06770**

Mailing Address  
**P.O. BOX 460  
NAUGATUCK, CT 06770**

**DO NOT WRITE IN THIS SPACE**



02102006 No Chg-P CRZE034 (11/05)

4. FEI Number  
**06-0330020**

Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

**DO NOT WRITE IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO LEGANZA, LEONARD F 112 BRIDGE STREET NAUGATUCK, CT 06770
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST SULLIVAN, JOHN L II 112 BRIDGE STREET NAUGATUCK, CT 06770
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT FINELLI, GENE A 112 BRIDGE STREET NAUGATUCK, CT 06770
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS DEWS, THERESA P 112 BRIDGE STREET NAUGATUCK, CT 06770
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KAY, BRIAN 21944 DRAK ROAD STRONGSVILLE, OH 44136
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SAMELA, LEONARD 212 MIDDLESEX AVE. CHESTER, CT 06412

**DO NOT WRITE IN THIS SPACE**

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02/28/06-80050-008 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE  **GENE A FINELLI** **02-13-06 003-229-2155 X107**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #