

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

FILED
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90072 050 ***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 # F93000000681

1. Corporation Name
LOCTITE CORPORATION



Principal Place of Business 10 COLUMBUS BLVD HARTFORD CT 06106 US	Mailing Address TEN COLUMBUS BOULEVARD HARTFORD CT 06106-5108 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/25/1993

2. Principal Place of Business 21	2a. Mailing Address 26 2200 Renaissance Blvd.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 Suite 200
City & State 23	City & State 28 Gulph Mills, PA
Zip 24	Zip 29 19406
Country 25	Country 30 US

4. FEI Number
06-0701067

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 owes the current year intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
 C/O CT CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND RD.
 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	PD	<input type="checkbox"/> DELETE
NAME	FREEMAN, DAVID	
STREET ADDRESS	TEN COLUMBUS BLVD.	
CITY-ST-ZIP	HARTFORD CT	
TITLE	V	<input type="checkbox"/> DELETE
NAME	DE FORTE, JOSEPH D	
STREET ADDRESS	TEN COLUMBUS BLVD.	
CITY-ST-ZIP	HARTFORD CT	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BACCEI, LOUIS	
STREET ADDRESS	TEN COLUMBUS BLVD.	
CITY-ST-ZIP	HARTFORD CT	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
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	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Ernest G. Szoke	
4.3 STREET ADDRESS	2200 Renaissance Blvd., Suite 200	
4.4 CITY-ST-ZIP	Gulph Mills, PA 19406	
5.1 TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	John E. Knudson	
5.3 STREET ADDRESS	2200 Renaissance Blvd., Suite 200	
5.4 CITY-ST-ZIP	Gulph Mills, PA 19406	
6.1 TITLE	Assistant Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Patricia A. Mosesso	
6.3 STREET ADDRESS	2200 Renaissance Blvd., Suite 200	
6.4 CITY-ST-ZIP	Gulph Mills, PA 19406	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: *Patricia A. Mosesso* **SIGNATURE REQUIRED** Patricia A. Mosesso 1/22/99 610-270-8100

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

CR2E034 (11/98)