

04-01-2002 90070 031 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000004384
 1. Entity Name
STANDARD-KNAPP, INC.

Principal Place of Business 127 MAIN ST PORTLAND CT 06480	Mailing Address 127 MAIN ST PORTLAND CT 06480
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 06-1119214	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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**

7. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE	PD TANNER, ARTHUR A	<input type="checkbox"/> Delete
NAME	LANDING HILL RD	
STREET ADDRESS	EAST HADDAM CT 06423	
CITY-ST-ZIP		
TITLE	VD LORENZE, A. JOHN JR	<input type="checkbox"/> Delete
NAME	281 OLD SACHEM HEAD RD	
STREET ADDRESS	GUILFORD CT 06437	
CITY-ST-ZIP		
TITLE	CFO GITTLEMAN, ROBERT M	<input checked="" type="checkbox"/> Delete
NAME	80 PEACH TREE ROAD	
STREET ADDRESS	GLASTONBURY CT 06033	
CITY-ST-ZIP		
TITLE	VD REYNOLDS, ROBERT	<input type="checkbox"/> Delete
NAME	53 ARKAY DR	
STREET ADDRESS	HIGGANUM CT 06441	
CITY-ST-ZIP		
TITLE	VPE WEAVER, MICHAEL J	<input type="checkbox"/> Delete
NAME	25 NORTHWOOD RD	
STREET ADDRESS	MADISON CT 06443	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Arthur A. Tanner **Arthur A. TANNER** 1-21-2002 8603421100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2034 (9/01)