## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F95000004384

Entity Name: STANDARD-KNAPP, INC.

FILED Apr 22, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 63 PICKERING ST PORTLAND, CT 06480 **Current Mailing Address: New Mailing Address:** 63 PICKERING ST PORTLAND, CT 06480 FEI Number: 06-1119214 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: (X) Change ( ) Addition TANNER, ARTHUR A TANNER, ARTHUR A Name: Name: 36 CHURCH ST 36 CHURCH ST Address: Address: City-St-Zip: NOANK, CT 06340 City-St-Zip: NOANK, CT 06340 Title: VD Title: () Delete () Change () Addition Name: LORENZE, A. JOHN JR Name: 31 LINDEN SHORES Address: Address: City-St-Zip: BRANFORD, CT 06405 City-St-Zip: ( ) Delete Title: Title: VD () Change () Addition REYNOLDS, ROBERT Name: Name: 1190 SAYBROOK RD Address: Address: City-St-Zip: HADDAM, CT 06438 City-St-Zip: Title: **VPE** ( ) Delete Title: () Change () Addition WEAVER, MICHAEL J Name: Name: Address: 27 ISLAND AVE Address: City-St-Zip: MADISON, CT 06443 City-St-Zip: Title: Title: () Delete () Change () Addition MONTANO, MICHAEL M Name: Name: 17 RUMFORD ST Address: Address: WEST HARTFORD, CT 06107 City-St-Zip: City-St-Zip: Title: () Delete Title: () Change () Addition SCHRANK, ROBERT Name: Name: 14 SOUTH STREET Address: Address: City-St-Zip: City-St-Zip: CENTER MORICHES, NY 11934

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL W. MONTANO D 04/22/2009