

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P28668

Entity Name: ENTHONE INC.

FILED
Jan 21, 2005
Secretary of State

Current Principal Place of Business:

350 FRONTAGE ROAD
WEST HAVEN, CT 06516 US

New Principal Place of Business:

Current Mailing Address:

COOKSON AMERICA INC
ONE COOKSON PLACE
PROVIDENCE, RI 02903 US

New Mailing Address:

FEI Number: 13-3545892 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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:

Title: PD () Delete
Name: CORBETT, STEVEN
Address: 350 FRONTAGE ROAD
City-St-Zip: WEST HAVEN, CT 06516 US

Title: CD () Delete
Name: SHARPE, RAYMOND P
Address: 225 FOXBOROUGH BLVD.
City-St-Zip: FOXBOROUGH, MA 02035 US

Title: VPTD () Delete
Name: KUSHNER, JEFFREY
Address: 225 FOXBOROUGH BLVD
City-St-Zip: FOXBOROUGH, MA 02035 US

Title: AS () Delete
Name: OJEDA, JO ELLEN
Address: ONE COOKSON PLACE
City-St-Zip: PROVIDENCE, RI 02903 US

Title: VP () Delete
Name: LACROCE, STEPHEN
Address: 350 FRONTAGE ROAD
City-St-Zip: WEST HAVEN, CT 06516 US

Title: VPS () Delete
Name: GORGONE, WILLIAM S
Address: 225 FOXBOROUGH BLVD
City-St-Zip: FOXBOROUGH, MA 02035 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CPD (X) Change () Addition
Name: CORBETT, STEVEN
Address: 50 SIMS AVENUE
City-St-Zip: PROVIDENCE, RI 02909 US

Title: VP (X) Change () Addition
Name: VAN DUN, HUUB
Address: 350 FRONTAGE ROAD
City-St-Zip: WEST HAVEN, CT 06516 US

Title: VPTD (X) Change () Addition
Name: KUSHNER, JEFFREY
Address: 50 SIMS AVENUE
City-St-Zip: PROVIDENCE, RI 02909 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPSD (X) Change () Addition
Name: GORGONE, WILLIAM S
Address: 50 SIMS AVENUE
City-St-Zip: PROVIDENCE, RI 02909 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JO ELLEN OJEDA

AS

01/21/2005

Electronic Signature of Signing Officer or Director

_____ Date