2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2003 8:00 am
Secretary of State
02-06-2003 90059 009 ***150.00

DOCUMENT # P28668

1. Entity Name
ENTHONE INC.

Principal Place of Business	Mailing Address
350 FRONTAGE ROAD WEST HAVEN CT 06516 US	COOKSON AMERICA INC ONE COOKSON PLACE PROVIDENCE RI 02903 US

☒ CHECK HERE IF MAKING CHANGES

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 13-3545892 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P LUTHER, BARRY 350 FRONTAGE ROAD W HAVEN CT 06516	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Stephen Corbett 350 Frontage Road West Haven, CT 06516	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S DINGLEY, MARK A ONE COOKSON PLACE PROVIDENCE RI 02903	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director and Chairman Raymond P. Sharpe 225 Foxborough Boulevard Foxborough, MA 02035	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD KUSHNER, JEFFREY 225 FOXBOROUGH BLVD FOXBORO MA 02035	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Assistant Secretary Jo Ellen Ojeda One Cookson Place Providence, RI 02903	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS ORTIZ, PROVIDENCIA ONE COOKSON PLACE PROVIDENCE RI 02903	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President Huub van Dun One Cookson Place Providence, RI 02903	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SANTOLUCCITO, JOSEPH 225 FOXBOROUGH BLVD FOXBORO MA 02035	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President Mark Boivin One Cookson Place Providence, RI 02903	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Assistant Treasurer John H. Doherty One Cookson Place Providence, RI 02903	☐ Change ☒ Addition

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 1/31/03 401.521.1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #