

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P30096** (2)  
1. Corporation Name  
**THE TORRINGTON COMPANY**



Principal Place of Business: **59 FIELD STREET TORRINGTON CT 06790**  
Mailing Address: **59 FIELD STREET TORRINGTON CT 06790**

3. Date Incorporated or Qualified: **07/05/1990**  
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number <b>06-0564725</b>	Applied For Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NIXON, ALLEN M.</b>	1.2 NAME	
STREET ADDRESS	<b>52 DANIEL TRACE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BURLINGTON CT</b>	1.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KELLEHER, GEORGE R.</b>	2.2 NAME	
STREET ADDRESS	<b>RFD #2, NILES ROAD</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WINSTED CT</b>	2.4 CITY-ST-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BOYD, ROBERT T.</b>	3.2 NAME	
STREET ADDRESS	<b>8 MULBERRY LANE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>AVON CT</b>	3.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JOHNSON, FRANK C.</b>	4.2 NAME	
STREET ADDRESS	<b>117 FOX DEN</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>AVON CT</b>	4.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MARTIN, STEVEN T.</b>	5.2 NAME	<b>VICE PRESIDENT</b>
STREET ADDRESS	<b>52 ORCHARD ROAD</b>	5.3 STREET ADDRESS	<b>GERARD A. TOUPIN</b>
CITY-ST-ZIP	<b>WEST HARTFORD CT</b>	5.4 CITY-ST-ZIP	<b>17 AUTUMN LEAVES ROAD</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	<b>VICE PRESIDENT</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>JAMES S. BURROUGHS</b>
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<b>24 OLD MILL ROAD</b>
			<b>COLLINSVILLE, CT. 06022</b>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *George R. Kelleher* **GEORGE R. KELLEHER, V.P. & CONTROLLER 4/23/96 626-2897**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)