

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90328 028 ***150.00

DOCUMENT # P30096

1. Entity Name

THE TORRINGTON COMPANY

Principal Place of Business

**59 FIELD STREET
 TORRINGTON CT 06790**

Mailing Address

**59 FIELD STREET
 TORRINGTON CT 06790**

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

06-0564725

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
 1200 S. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|----------------------------|---|---|---|
| TITLE | P <input checked="" type="checkbox"/> Delete | TITLE | "See attached Schedule" <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | NIXON, ALLEN M. | NAME | |
| STREET ADDRESS | 52 DANIEL TRACE | STREET ADDRESS | |
| CITY-ST-ZIP | BURLINGTON CT | CITY-ST-ZIP | |
| TITLE | V <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BERNS, EVAN M | NAME | |
| STREET ADDRESS | 219 KINGSWOOD DR | STREET ADDRESS | |
| CITY-ST-ZIP | AVON CT 06001 | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | 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:

Thomas J. Guilford
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(860) 626-2273

Daytime Phone #

CR2E034 (9/01)



DO NOT WRITE IN THIS SPACE

THE TORRINGTON COMPANY (DELAWARE)
 COMPANY OFFICERS AND DIRECTORS

| TITLE | NAME | BUSINESS ADDRESS | DIRECTOR | HOME ADDRESS | |
|---------------------------------------|---------------------|---|----------|---|-------------|
| PRESIDENT AND CHIEF EXECUTIVE OFFICER | JOHN E TURPIN | 59 FIELD STREET, TORRINGTON, CT 06790 | | 1 SPYGLASS DRIVE, AVON, CT 06001 | 014-34-5292 |
| PRESIDENT INDUSTRIAL AFTER MARKET | DONALD E BODELL | 59 FIELD STREET, TORRINGTON, CT 06790 | | 8 WHITMAN POND, SIMSBURY, CT 06070 | 047-58-7726 |
| PRESIDENT AUTOMOTIVE DIVISION | GEORGE T. BOWMAN | 59 FIELD STREET, TORRINGTON, CT 06790 | | 1710 KOESTNER ST, BURLINGTON, IA 52601 | 501-78-2422 |
| VICE PRESIDENT & GROUP CONTROLLER | RICHARD W. RANDALL | 59 FIELD STREET, TORRINGTON, CT 06790 | | 20 TEACHERS TURN, SIMSBURY, CT 06070 | 342-44-9973 |
| VICE PRESIDENT, SOURCING & LOGISTICS | PETER J. DEBISSCHOP | 59 FIELD STREET, TORRINGTON, CT 06790 | | 75 SHARON MOUNTAIN ROAD, SHARON, CT 06089 | 047-40-6140 |
| VICE PRESIDENT & ASSISTANT SECRETARY | THOMAS J WILLIAMS | 59 FIELD STREET, TORRINGTON, CT 06790 | | 15 LAUREL CREST DRIVE, BURLINGTON, CT 06013 | 044-38-5598 |
| ASSISTANT SECRETARY | RONALD G. HELLER | 200 CHESTNUT RIDGE ROAD WOODCLIFF LAKE, NJ 07875 | X | 14 KERSHNER PLACE, FAIR LAWN, NJ 07410 | 097-38-0591 |

Attachment
 #P30096
 799973