

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

05-29-2002 93593 047 ***150.00

DOCUMENT # P99000058771

1. Entity Name

ALIGN-RITE, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2455 PALM BAY RD., NE

Suite, Apt. #, etc.

3. Mailing Address

15 SECOR RD

Suite, Apt. #, etc.

C/O TAX DEPARMENT

City & State

PALM BAY, FL

City & State

BROOKFIELD, CT

4. FEI Number

59-3584115

Applied For

Not Applicable

DO NOT WRITE IN THIS SPACE

Zip
32905

Country

Zip
06804

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

CT CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable)

1200 SOUTH PINE ISLAND ROAD

City

PLANTATION

FL

Zip Code
33324

**DO NOT WRITE
IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
CEO
MACRICOSTAS, CONSTANTINE
1061 E. INDIANTOWN RD.
JUPITER, FL 33477

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
FEGO, PAUL
15 SECOR RD
BROOKFIELD, CT 06804

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VPCFO
SMITH, SEAN T.
15 SECOR RD
BROOKFIELD, CT 06804

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
T
HICKEY, J. GREGORY
15 SECOR RD
BROOKFIELD, CT 06804

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

J. Gregory Hickey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/09/02 (203) 775-9000

Date

Daytime Phone #