

2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F20000004818

Entity Name: HUBBELL INCORPORATED

Current Principal Place of Business:

40 WATERVIEW DR.
SHELTON, CT 06484

FILED
Mar 04, 2024
Secretary of State
5984429665CC

Current Mailing Address:

40 WATERVIEW DR.
SHELTON, CT 06484

FEI Number: 06-0397030

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 US

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

Officer/Director Detail :

Title PRESIDENT, CEO, CHAIRMAN,
 DIRECTOR
Name BAKKER, GERBEN
Address 40 WATERVIEW DR.
City-State-Zip: SHELTON CT 06484

Title SECRETARY, SENIOR VICE
 PRESIDENT, GENERAL COUNSEL
Name LANE, KATHERINE A.
Address 40 WATERVIEW DR.
City-State-Zip: SHELTON CT 06484

Title TREASURER
Name MURPHY, JONATHON BARRY
Address 40 WATERVIEW DR.
City-State-Zip: SHELTON CT 06484

Title DIRECTOR
Name GUZZI , ANTHONY J.
Address 40 WATERVIEW DR.
City-State-Zip: SHELTON CT 06484

Title DIRECTOR
Name LIND, BONNIE C.
Address 40 WATERVIEW DR.
City-State-Zip: SHELTON CT 06484

Title DIRECTOR
Name CARDOSO, CARLOS M.
Address 40 WATERVIEW DR.
City-State-Zip: SHELTON CT 06484

Title DIRECTOR
Name POLLINO, JENNIFER M.
Address 40 WATERVIEW DR.
City-State-Zip: SHELTON CT 06484

Title DIRECTOR
Name MALLOY, JOHN F.
Address 40 WATERVIEW DR.
City-State-Zip: SHELTON CT 06484

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I hereby 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 all other like empowered.

SIGNATURE: KATHERINE A. LANE

SECRETARY

03/04/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name RUSSELL, JOHN G.
Address 40 WATERVIEW DR.
City-State-Zip: SHELTON CT 06484

Title DIRECTOR
Name HERNANDEZ, RHETT A.
Address 40 WATERVIEW DR.
City-State-Zip: SHELTON CT 06484

Title DIRECTOR
Name KEATING, NEAL J.
Address 40 WATERVIEW DR.
City-State-Zip: SHELTON CT 06484

Title DIRECTOR
Name DIAL, DEBRA L.
Address 40 WATERVIEW DR.
City-State-Zip: SHELTON CT 06484