FEE AFTER MAY 1 IS $225.00

1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -5 PM 1:53

DOCUMENT # 305654 (6)

1. Corporation Name

HSB RELIABILITY TECHNOLOGIES CORPORATION

Principal Place of Business

2000 E. EDGEWOOD DRIVE
P.O. BOX 2242
LAKELAND FL 33806-2242

Mailing Address

ONE STATE ST
HARTFORD CT 06102
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21
22 Suite, Apt. #, etc.
23 City & State
24 Zip
25 Country

2a. Mailing Address

26
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

3. Date Incorporated or Qualified: 06/01/1966

3a. Date of Last Report: 02/07/1994

4. FEI Number: 59-1153859 ☐ Applied For ☐ Not Applicable

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

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

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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
Signature, typed or printed name of registered agent and title if applicable
DATE
NOTE: Registered Agent signature required when reinstating!

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	PETERSON, BRADLEY S
STREET ADDRESS	ONE STATE ST
CITY-ST-ZIP	HARTFORD CT
TITLE	VP
NAME	SUTHERLIN, JAMES E
STREET ADDRESS	1901 N BEAUREGARD ST
CITY-ST-ZIP	ALEXANDRIA VA
TITLE	VP
NAME	CAKIR, NEZIH
STREET ADDRESS	6442 CITY W. PKWY #400
CITY-ST-ZIP	EDEN PRAIRIE MN
TITLE	VP
NAME	OLIVERSON, RAYMOND
STREET ADDRESS	6442 W PKWY #400
CITY-ST-ZIP	EDEN PRAIRIE MN
TITLE	VP
NAME	OLSON, ERIC J
STREET ADDRESS	ONE STATE ST
CITY-ST-ZIP	HARTFORD CT
TITLE	ST
NAME	O'BRIEN, ROBERTA A
STREET ADDRESS	ONE STATE ST
CITY-ST-ZIP	HARTFORD CT

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	☐ Change ☑ Addition
1.2 NAME	Lewis, Skip	
1.3 STREET ADDRESS	One State Street	
1.4 CITY-ST-ZIP	Hartford, CT	
2.1 TITLE	D/P	☑ Change ☐ Addition
2.2 NAME	Sutherlin, James E	
2.3 STREET ADDRESS	1901 N Beauregard ST	
2.4 CITY-ST-ZIP	Alexandria, VA	
3.1 TITLE	D	☐ Change ☑ Addition
3.2 NAME	Price, Kevin	
3.3 STREET ADDRESS	One State Street	
3.4 CITY-ST-ZIP	Hartford, CT	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	VP	☐ Change ☑ Addition
5.2 NAME	Gallagher, Peter	
5.3 STREET ADDRESS	One State Street	
5.4 CITY-ST-ZIP	Hartford, CT	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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)(i), 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: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/95
Date

203-723-3377
Daytime Phone #