

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 # 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

3. Date Incorporated or Qualified

06/01/1966

3a. Date of Last Report

04/05/1995

2. Principal Place of Business

2a. Mailing Address

21 1901 N. Beauvergard Street

26 ONE STATE STREET PO BOX 5024

4. FEI Number

59-1153859

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 600

27

City & State

City & State

23 ALEXANDRIA, VA

28

Zip Country

Zip Country

24 22311-1705017 25

29 06102-5024 30

5. Certificate of Status Desired

8.75 Additional Fee Required

6. Election Campaign Financing

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

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D DELETED
NAME LEWIS, SKIP
STREET ADDRESS ONE STATE ST
CITY-ST-ZIP HARTFORD CT

1.1 TITLE DIRECTOR
1.2 NAME WILLIAM WOLFE
1.3 STREET ADDRESS ONE STATE STREET
1.4 CITY-ST-ZIP HARTFORD, CT

TITLE DP DELETED
NAME SUTHERLIN, JAMES E
STREET ADDRESS 1901 A BEAVERGARD ST
CITY-ST-ZIP ALEXANDRIA VA

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP VA

TITLE D DELETED
NAME PRICE, KEVIN
STREET ADDRESS ONE STATE ST
CITY-ST-ZIP HARTFORD CT

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE VP DELETED
NAME OLVERSON, RAYMOND
STREET ADDRESS 6442 W PKWY #400
CITY-ST-ZIP EDEN PRAIRIE MN

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE VP DELETED
NAME GALLAGHER, PETER
STREET ADDRESS ONE STATE ST
CITY-ST-ZIP HARTFORD CT

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ST DELETED
NAME O'BRIEN, ROBERTA A
STREET ADDRESS ONE STATE ST
CITY-ST-ZIP HARTFORD CT

6.1 TITLE
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)(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:

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

4-15-96 (203) 722-1866

CR2E034 (12/95)